



Catholic Social Services
Diocese of Fall River

CSS Catholic Guild for the Blind Survey

CSS is trying to identify the needs of the blind and visually impaired within the diocese. In order to do this, we need to learn who the blind and visually impaired are, and what services they are

interested in. In order to be useful, we hope that as many people as possible share their thoughts. You do not need to be legally blind to complete the survey. This is an anonymous survey. However, if you would like to be included on our email or contact list, please leave your email or mailing address, with your name and parish at the end of this survey.

MEDICAL

WHAT IS YOUR EYE CONDITION?

- | | |
|---|---|
| <input type="checkbox"/> GLAUCOMA | <input type="checkbox"/> STROKE/NEUROLOGICAL |
| <input type="checkbox"/> MACULAR DEGENERATION | <input type="checkbox"/> DIABETIC RETINOPATHY |
| <input type="checkbox"/> RETINITIS | <input type="checkbox"/> INJURY |
| <input type="checkbox"/> CATARACTS | <input type="checkbox"/> OTHER |
-

ARE YOU LEGALLY BLIND? YES NO

ARE YOU TOTALLY BLIND? YES NO

HOW LONG HAVE YOU HAD THIS CONDITION? _____

DO YOU HAVE ANY OTHER ISSUES?

- | | |
|--|------------------------------------|
| <input type="checkbox"/> MOBILITY IMPAIRMENT | <input type="checkbox"/> ARTHRITIS |
| <input type="checkbox"/> HEARING LOSS | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> PARKINSON'S | |
-

PERSONAL

WHAT IS YOUR HOUSEHOLD STATUS?

- MARRIED, WITH SPOUSE LIVE WITH FAMILY/CHILD/FRIEND
 WIDOWED, ALONE SINGLE

DO OTHER HOUSEHOLD MEMBERS HAVE MEDICAL OR VISION ISSUES?

- YES NO

PROGRAM

WHAT ARE YOUR GREATEST UNMET NEEDS?

- HOUSEKEEPING INFORMATION & COMMUNICATION
 TRANSPORTATION SPIRITUALITY & PRAYER
 COOKING & FOOD OTHER _____
 SOCIAL & COMPANIONSHIP

ACTIVITIES OR PROGRAMS THAT INTEREST YOU?

- GROUP MEETINGS INFORMATION & REFERRAL SERVICES
 CLASSES & FORUMS BOOK, HOBBY, or CRAFT MEETINGS
 NEWSLETTER & ZOOM CALLS OTHER _____

**Mail to: Catholic Social Services, 1600 Bay Street, Fall River,
MA, 02724, c/o Martha Reed**

If you would like to be included on our email or contact list, please leave your email or mailing address . (You do NOT have to identify yourself unless you want to)

Name: _____ Parish: _____

Address: _____ Email: _____