# REGISTRATION QUESTIONNAIRE

**Project title**: Vision Impaired Community group

**Project number**: 22143

The information obtained from this questionnaire will be used to invite you to participate in future reference groups and research studies conducted by the Inclusive Technologies group from the Faculty of Information Technology, Monash University.

The information disclosed in this questionnaire will be kept in a secure manner. It will only be accessible by Monash University staff directly involved with each reference group or research project.

You will be provided with a separate explanatory statement for each project you choose to participate in.

Completion of this questionnaire is voluntary.

# Contact details

|  |  |
| --- | --- |
| Preferred First Name |  |
| Surname |  |
| Parent name (for school students) |  |
| Email Address |  |
| Phone Number(s) |  |
| Country |  |
| State |  |
| Suburb / Town |  |

# About you

|  |  |
| --- | --- |
| Year of birth |  |
| Gender | Female  Male  Rather not say |
| Occupation |  |
| Area(s) of expertise |  |
| Highest level of education | Year 11 or below  Year 12  Advanced Diploma / Diploma / Certificate III / Certificate IV  Bachelor Degree  Graduate Diploma / Graduate Certificate  Postgraduate Degree |
| Comfort level with technology | Early adopter  Up to date with current technologies  I need support or encouragement to use new technologies  I avoid using technology |

|  |  |
| --- | --- |
| Vision level | Fully sighted or with corrected vision  Low vision  Legally blind  Totally blind |
| Do you have any other special needs? | Deaf or hearing impaired  Limited mobility  Other (please specify) |

## For people who are blind or have low vision

|  |  |
| --- | --- |
| Vision condition |  |
| Age at onset of vision condition |  |
| Stability of vision condition | Stable  Deteriorating |
| Preferred format for accessing print. (Please rank from 1-6 or enter n/a for those you cannot use.) | #\_ Standard print  #\_ Large print  #\_ Hard copy braille  #\_ Refreshable braille  #\_ Synthetic speech  #\_ Human narrated audio |

|  |  |
| --- | --- |
| What technologies do you use to access information? (select all that apply) | Synthetic speech  Refreshable braille display  Smart phone  Virtual assistant (e.g. Siri, Alexa, Google home)  Remote assistance (e.g. Aira) |
| What tools do you use for orientation and mobility? (select all that apply) | White cane  Dog guide  Echolocation  GPS app |
| Level of experience with tactile graphics | Low  Medium  High |
| Level of confidence with tactile graphics | Low  Medium  High |

## Registration in the participant pool

|  |  |
| --- | --- |
| For which types of research activity are you happy to be contacted? (select all that apply) | In person (in your local capital city)  By phone  Online survey  Expert advisory role  As a participant in research projects  Invitation to events |
| Would you like to be publicly acknowledged as a contributor to research work with Monash University?  Your details associated with each project will remain anonymous. | Yes  No |

Please return this form to [Kate.Stephens@monash.edu](mailto:Kate.Stephens@monash.edu).