### Radio Eye 2021 Listener Survey

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information Updates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Can you tell us in your own words what Radio Eye means to you and how it impacts your life?**
2. **How do you listen to Radio Eye?**
3. **Would you be interested in listening to Radio Eye in another way?**

[ ]  SCA Radio

[ ]  Desktop or laptop

[ ]  Phone apps

[ ]  Telephone

[ ]  Victor Reader

[ ]  Internet Radio or Amazon Echo

[ ]  Podcasts

[ ]  Other : \_\_\_\_\_\_

1. **How would you like to receive our newsletters and program guides?** [ ]  Email [ ]  Printed copy [ ]  CD [ ]  Braille [ ]  Broadcast
2. **Would you like to be featured in a future newsletter or other Radio Eye literature?** [ ]  Yes [ ]  No
3. **What programs do you listen to regularly (list attached)?**
4. **What types of programming would you like to hear that we don’t currently broadcast?**
5. **Does your disability or illness ever make you feel isolated?**

[ ]  Yes [ ]  No

1. **If you answered yes to 8, does Radio Eye’s programming help you feel less isolated?**

[ ]  Yes [ ]  No [ ]  Not Applicable

1. **Do you feel informed about political candidates up for election when listening to Radio Eye?**

[ ]  Yes [ ]  No

1. **Do you feel informed about local news and issues when listening to Radio Eye?**

[ ]  Yes [ ]  No

1. **Do you feel informed about available local services when listening to Radio Eye?**

[ ]  Yes [ ]  No

1. **In the last year, have you attended an event in your community after hearing about it on Radio Eye?**

[ ]  Yes [ ]  No

1. **In the last year, have you talked with family or friends about something you heard on Radio Eye?**

[ ]  Yes [ ]  No

1. **In the last year, have you talked to your health care provider about something you heard on a Radio Eye program?**

[ ]  Yes [ ]  No

1. **Do you feel happier since starting to listen to Radio Eye?**

[ ]  Yes [ ]  No

1. **Do you know more about health issues affecting your or your community than you did before listening to Radio Eye?**

[ ]  Yes [ ]  No

1. **Do you wish to refer any family or friends to Radio Eye?**

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1. **Is there anything else you’d like to tell us or ways we could improve your service?**

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**DEMOGRAPHICS**

***Completing this section is not necessary, but does help us with grant and other funding.***

Veteran Status: [ ]  Veteran [ ]  Not A Veteran

Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Ethnicity: [ ]  Hispanic or Latino [ ]  Not Hispanic or Latino

Do you have internet access? [ ]  Yes [ ]  No

Annual Income: [ ]  $0 - $12,880 [ ]  $12,880 – 25,760

[ ]  $25,760 – 51,520 [ ]  $51,520+

[ ]  Prefer not to answer