

INDIANA UNIVERSITY

Division of University Extension

BLOOMINGTON, INDIANA

PUBLIC SERVICES

Audio-Visual Center
Studies in Adult Education
Bureau of Public Discussion
Industrial and Labor Services

TEACHING SERVICES

University Centers
Special Classes
Correspondence Study
Bureau of Lectures

Dear Interviewee:

A survey is being conducted by one of the United Fund agencies in Marion County.

As an active citizen in this community, your opinion is valuable to us. The information which you supply in the enclosed questionnaire is important to the agency and will serve as a guide for future planning.

It will require less than five minutes of your time to fill out the questionnaire. The questions are short and to the point. We will appreciate your forwarding the completed questionnaire in the enclosed, stamped envelope.

Thank you for your cooperation, I remain,

Yours truly,

James C. Reynolds
James C. Reynolds
Survey Coordinator

JCR:mc

Questionnaire - Form "A"

1. Do you personally know a handicapped person?

yes no

If yes: Is this person:

- a. a close friend
- b. an acquaintance
- c. a member of your family
- d. a relative

If yes: Is this person working?

yes no don't know

If yes: What type of work does this person do?

- a. skilled work
- b. semi-skilled work
- c. unskilled

2. With which of the following organizations are you familiar?
(CHECK ANY, ALL, OR NONE)

Y.M.C.A.

Family service

Crossroads Rehabilitation Center

S.O.C.A.

3. Is there any place in Marion County where a physically handicapped person can obtain vocational training?

yes no

If yes: Do any of the following organizations offer this training to the handicapped?
(CHECK THOSE THAT DO)

Red Cross

Veterans Administration

Good Will Industries

Crossroads

Arsonal Tech High School

Y.M.C.A.

4. If you were to work under a handicapped person, for which type of handicapped person would you prefer to work?
(LIST IN ORDER OF PREFERENCE: 1,2,3,4)

- a blind person
- an epileptic
- a deaf person
- a person with artificial arms and legs

5. Which type of handicapped child would you prefer your child not to play with?
(CHECK ONE OR MORE, OR NONE).

- a blind child
- a mentally retarded child
- a child with artificial arms
- a deaf and dumb child

Any comment? _____

6. Physically handicapped children should:

- have their own summer camps separate from able-bodied children
- attend a summer camp with able-bodied children but participate in separate physical activities
- attend a summer camp with able-bodied children and participate together in most physical activities
- no opinion

7. You are being introduced to a person with an artificial right arm and hand.
You would: (CHECK ONE)

- extend your right hand
- extend your left hand
- nod your greetings and not attempt to shake hands

8. A blind person can be trained to repair electronic equipment.

- definitely agree with statement
- uncertain whether such is possible
- very unlikely that this can be done
- disagree with statement - nature of handicap would prevent such training.

9. A person with artificial arms should be permitted to operate the following:
(CHECK ONE OR MORE IF AGREE)

- electric drill
- electric circular saw
- typewriter
- private automobile
- commercial truck
- private aircraft
- cargo-carrying (commercial) aircraft

10. As a production supervisor in a factory which employs the handicapped, how would you inspect the work produced by your handicapped workers as compared with the work produced by able-bodied workers? I would inspect the work of the handicapped:
(CHECK ONE)

- very carefully - needs a great deal more supervision
- carefully - needs a little more supervision
- requires the same amount of supervision as an able-bodied worker
- does not need as much supervision
- needs no supervision

11. In industry, allowances should be made for the quantity of work produced by a handicapped employee.

yes no

12. A comprehensive rehabilitation center should be financed and supported through:
(CHECK ONE OR MORE)

- federal taxes
- state taxes
- local, municipal taxes
- voluntary contributions

Any comment? _____

13. Have you heard of the Crossroads Rehabilitation Center?

yes no

If yes: From which of the following sources did you hear of the Center?
(CHECK ANY, ALL, OR NONE)

- a. newspapers
- b. television
- c. radio
- d. service clubs and fraternal organizations
- e. friends
- f. saw film entitled "Crossroads"
- g. other: List _____

If yes: When did you last hear of Crossroads?

- a. within the past month
- b. within the past 3 months
- c. within the past 12 months
- d. over a year ago

14. Where is Crossroads located?

- a. Indianapolis
- b. South Bend
- c. Chicago
- d. Louisville

15. Crossroads is run by?

- a. the State Government
- b. the Federal Government
- c. private citizens

16. Have you, a member of your family, or friends been to Crossroads?

yes no

If yes: as a patient

a visitor

17. Which of the following activities are performed by Crossroads?
(CHECK ANY, ALL, OR NONE)

- a. social work
- b. physical therapy
- c. occupational therapy
- d. vocational testing
- e. nursery
- f. speech therapy

18. How is one admitted to Crossroads for rehabilitation?

- a. by referral of a private physician
- b. through State Board of Health
- c. by personal appointment
- d. don't know

19. How long have you lived in Marion County? (State in number of years)

years

20. What year did you enter elementary school?

21. Your sex: male female

22. What is your field of occupation?

<input type="checkbox"/> business	<input type="checkbox"/> profession
<input type="checkbox"/> government	<input type="checkbox"/> agriculture
<input type="checkbox"/> education	<input type="checkbox"/> retired
<input type="checkbox"/> housewife	<input type="checkbox"/> other - type of occupation: <input type="text"/>
<input type="checkbox"/> industry	<input type="text"/>

23. Do you supervise other people in your work?

yes no