1. **Purpose**

We need your help to learn more about your voting experience for the 2016 Election. The Help America Vote Act (HAVA) was passed to make sure everyone in this country could cast a private and independent vote. Now, we want to make sure the law is working. You can help by completing this survey.

We have several ways for you to do that. You can go on-line at the Self Advocates Becoming Empowered (SABE) website, [www.sabeusa.org](http://www.sabeusa.org/) or your state Protection and Advocacy organization website. We also have a direct link to the survey:  <https://www.surveymonkey.com/r/2016VoterExperienceSurvey> You can do this independently or with help from someone, you choose.

If you have any problems completing the survey using the internet, immediately contact Juliana Huerena at prinzajana17@gmail.com or (602) 502-7426.

Not everyone has access to a computer or the internet; so many self advocacy groups across the country are helping members complete the survey by filling it out by hand or at self advocacy meetings and conferences. Surveys completed by hand need to be returned to your state or local Self Advocacy group or your state Protection and Advocacy organization. You may also reach out to the SABE Voter team and complete a survey with them. You can reach Teresa Moore at mooreadvocacy@hotmail.com, (602)725-3117.

If you have surveys completed by hand you can mail or email them to: Essie Pederson, 5242 Sunrise View Circle, Liberty Township, OH 45044 or essie.pederson@gmail.com .

If you have any problems making copies of the survey for meetings or postage to mail them to Essie; contact your state Protection and Advocacy organization or Teresa Moore, SABE Voter staff person at (602) 725-3117.

Just as it is important to know that YOUR VOTE COUNTS, we need to know that you have the accessibility you need to MAKE IT COUNT.

Thank you,

SABE Voter Team

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**START HERE:**

1. **Do you have a disability?**

 Yes

 No. Then you do not need to complete the survey.

**IF YES, PLEASE GO TO THE NEXT PAGE.**

**2. If you are comfortable, please pick the type of disability. Please check all that apply.**

* Intellectual/Cognitive
* Autism
* Physical
* Visual
* Hearing
* Mental Health
* Not comfortable answering
* Other, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Was this your first time voting?**

 Yes  No

**4. Did you feel good about your voting experience?**

 Yes  No

**5. What could have made your voting experience better? This question is optional.**

**6. How did you complete and cast your ballot?**

* Independently
* With assistance of poll workers or judges
* With assistance of a family member or friend
* With my service provider staff

**7. How did you vote?**

* Vote by mail or Absentee ballot **(if you selected this circle you are to go directly to Page 8, Question 21)**
* Polling place on election day
* Early voting site

**8. How did you get to the polling place?**

* Public transportation
* Para-transit
* Your own car
* Walked or Used my wheelchair
* Service Provider
* Family or Friend
* Does not apply

**9. Did you experience any problems with accessibility at your polling place? Check all that apply.**

* Accessible parking not available
* Could not locate the entrance
* Could not locate the voting area when inside the building
* Ramp or elevator was not working or difficult to use
* Could not easily move around the voting area in my wheelchair
* No problems with accessibility
* Other, please explain.

**10. How long did you wait in line until you signed in to vote?**

* Less than 5 minutes
* More than 5 minutes and Less than 30 minutes
* More than 30 minutes
* Does not apply
* If more than 30 minutes, how long did you wait?

**11. How did the poll workers or judges make you feel or treat you? Check all that apply.**

* Was treated professionally
* Was treated with respect
* Was rushed
* Was treated like I was a bother
* Was treated with patience
* Was treated like I could not vote by myself
* Other, please explain.

**12. Were you able to vote privately (where no one else could see your ballot)?**

* Yes
* No
* Does not apply If no, please explain.

**13. Were you able to vote independently?**

* Yes
* No

**14. Did the poll worker or judge offer you to use an accessible voting machine? Check all that apply.**

* Yes
* No
* I did not feel I needed one
* I did not want to bother anyone
* I did not know how to operate the accessible voting machine
* I requested a Provisional or Affidavit ballot
* There was no accessible voting machine at my polling place
* The accessible voting was not up and running
* Does not apply
* Other, please explain.

**15. How long did you wait to use the accessible voting machine?**

* Waited less than 15 minutes to use the accessible voting machine
* Waited more than 30 minutes to use the accessible voting machine
* No problems using the accessible voting machine
* Does not apply

**16. Did the poll workers or judges have any problems setting up or activating the accessible voting machine?**

* No
* Could not find the headsets
* Could not turn the screen on
* Did not know how to activate the identification card
* Did not know how to activate the audio features
* Did not know how to adjust the volume
* They had to get someone else to help
* Does not apply
* Other, please tell us.

**17. Did the poll worker or judge give you clear instructions on how to use the accessible voting machine?**

* Yes
* No
* I did not need instructions on how to use the accessible voting machine
* The instructions were too complicated or hard to understand
* Does not apply

**18. Did you experience any problems operating the accessible voting machine while casting your vote? If yes, what happened? Check all that apply.**

* No
* I could not change my selections
* I could not review my selections
* I could not use the language I selected (i.e. Spanish, Chinese, etc...)
* I could not adjust the audio speed
* I could not adjust the volume
* I was unable to turn the monitor on
* Does not apply
* Other, please explain.

**19. When you used the accessible voting machine, did you use: (check all that apply)**

* Large print
* Regular print
* Audio, non-visual
* Sip and puff
* Does not apply
* Other, please explain.

**20. Were you able to cast a secret ballot using an accessible voting machine? Check all that apply.**

* Yes
* Did not use the accessible voting machine
* No working accessible voting machine
* The poll worker or judge could not operate the voting machine
* The poll workers or judges could not find the headsets
* The voting machine was not in a private area
* I felt more comfortable with assistance
* Does not apply
* Other, please tell us what happened.

**21. Tell us about your mail or absentee voting experience. Check all that apply.**

* I like voting at home
* I could not understand the ballot
* The print of the ballot was too small
* It was NOT my idea to use the by mail or absentee ballot
* I used the by mail or absentee ballot because I was out of town or was not able to vote on Election Day
* I used a by mail or absentee ballot because I felt that I could not vote privately if I went to a polling place
* I had to use a by mail or absentee ballot because I had no supports to go to the polling place
* Other, please explain.

**22. If you could choose the easiest way for you to vote privately and independently, what would it be?**

* Mail or Absentee ballot
* Early voting
* Polling place
* Polling place with an accessible voting machine
* Computer or tablet at the polling place
* Computer or tablet at home
* Other, please explain.

**23. Do you know who to call if you have problems voting?**

* Yes
* No
* If yes, who?

**24. How did you get voting information? Check all that apply.**

* Information from the internet
* Attended meeting or forums about candidates and issues Information from the television: debate, talk shows, commercials Information from family and friends
* Information from the Newspaper
* Information from Social Media (Facebook, Twitter, YouTube ads)
* None
* Other, please explain.

**25. Are there any languages, other than English, that you or your family speaks at home that would help you or them to understand the voting process better? If so, please list those languages.**

**26. Will you vote in another election?**

* Yes
* No
* If no, tell us why not?

**27. For the next election, how will you cast your ballot?**

* Same
* At a polling place
* At a polling place using an accessible voting machine
* At a polling place with assistance from a poll worker or judge
* At a polling place with assistance from family or friend
* By mail or absentee ballot
* Other, please tell us what you will change.

**28. In what state or U.S. territory do you live?**



**29. What County or Parrish do you live in? For example, Butler County**

1. **(Optional) How old are you?**
* Between 18-25
* Between 26-39
* Between 40-55
* Between 56-66
* Older than 67
1. **(Optional) What is your gender?**

* Female
* Male
* Transgender
1. **(Optional) Would you like a copy of the November 2016 Voter Experience Survey final report?**
* No
* I will go to [www.sabeusa.org](http://www.sabeusa.org/) website and search for it on the homepage.
* Yes
* If yes, please provide your mailing address or email

10-20-16 JH

10-20-16 ELP

10-23-16 ELP