

Disability Vote Coalition Survey - 2018



1. Where is your polling place - name of town and county.

* 2. Are you a person with a disability? (required)

Yes

No

3. If you are comfortable, please tell us your type of disability (check all that apply)

Mental Health

Visual Impairment or Blind

Deaf or Hard of Hearing

Cerebral Palsy

Physical

Intellectual or Cognitive

Down Syndrome

Speech or Language

Learning Disability

Autism

Epilepsy

Traumatic Brain Injury (TBI)

Not Comfortable Answering

I don't know

Other (please specify)

4. Please check all that apply to you:

- Family member of a person with a disability
- Service provider
- Disability advocate
- Older adult
- Other (please specify)

* 5. Did you vote in the Wisconsin Primary on August 14th? (required)

- Voted at the polls on election voting day
- Voted by mail or absentee ballot
- Voted at early voting site
- Did not vote

If you did **not** vote, please answer question #6:

6. What was the reason you did not vote? Select one or more.

- unaware that there was an election
- I am not registered to vote
- unaware that I could vote early or absentee
- didn't know who to vote for
- had no transportation to the polls
- had to work
- was concerned that I couldn't get help if I needed it at the polls
- have had negative experiences with voting in the past
- my health kept me from the polls
- do not have right to vote because of guardianship
- Other (describe):

If you did vote, please answer the following questions:

7. Was the poll book placed at a height where you could sign?

- Yes
- No

8. Was there easy access to the poll book, especially if you needed to get a wheelchair/walker under/next to the table?

- Yes
- No
- Not Applicable

9. Were there any physical accessibility concerns at your polling place? (Check all that apply)

- Parking
- Accessible route from bus stop or parking into the building
- Accessible routes within the building

Please describe any physical accessibility concerns you observed

10. Did you request to use any assistive aids during the voting process (e.g. signature guide, magnifier, etc.)

- Yes, I asked for and was provided the aid(s) I requested (please tell us which aids you requested below)
- I asked for aid(s), but I was not provided the aid(s) I requested (please tell us which aids you requested below)
- No, I didn't ask for any assistive aids

If applicable, please tell us what aid(s) you requested

11. Was an accessible voting machine available at your polling place?

- Yes
- No
- I don't know
- I did not vote at my polling place

* 12. Did you use the accessible voting machine? (Required)

Yes

No

13. For those who used the accessible voting machine (Check all that apply):

I asked to use it

it was offered to me by a poll worker

the machine was in an accessible location

the machine was in a private location

assistance was provided for me when I requested it

assistance was not provided for me even though I requested it

the directions on the machine were clear

all of the necessary equipment (ie. headphones) was there and in working order

I completed my ballot successfully, using the machine

I was unable to complete my ballot, because of the difficulty with the machine

14. If you had difficulty, may we contact you for additional information?

Yes

No

If yes, please enter your contact information:

15. Other comments about experience with accessible voting machine use:

If you did vote, please answer the following questions:

16. I used the accessible voting machine and had no trouble.

- Yes
- No
- Don't Know
- Not Applicable

17. The accessible voting machine was not offered to me and I was not aware of it.

- Yes
- No
- Don't Know
- Not Applicable

18. I asked to use the accessible voting machine and was told no.

- Yes
- No
- Don't Know
- Not Applicable

19. The accessible voting machine was not working

- Yes
- No
- Don't Know
- Not Applicable

20. My polling place did not have an accessible voting machine.

- Yes
- No
- Don't Know
- Not Applicable

21. I thought the accessible voting machine was for someone else to use

- Yes
- No
- Don't Know
- Not Applicable

22. I preferred not to use the accessible voting machine.

- Yes
- No
- Don't Know
- Not Applicable

23. I would like to learn more about the accessible voting machine.

- Yes
- No
- Don't Know
- Not Applicable

24. The poll workers were knowledgeable about the accessible voting machine and able to help me when I had questions.

- Yes
- No
- Don't Know
- Not applicable

25. The poll workers seemed willing to help me.

- Yes
- No
- Don't Know
- Not Applicable

26. The poll workers made me feel welcome at the polls.

- Yes
- No
- Don't Know
- Not Applicable

27. I felt like voting was a good experience for me.

- Yes
- No
- Don't Know
- Not Applicable

Please answer the following questions that are meant for everyone (whether you voted or not):

28. Comments:

29. I know who to call if I have a problem with voting.

- Yes
- No

30. I am aware that Disability Rights Wisconsin has a voting helpline.

- Yes
- No

31. I use Facebook to get information about voting.

- Yes
- No

32. I read the newspaper to get information about voting.

- Yes
- No

33. I get information about voting from family, friends, and other people in my community.

Yes

No

34. I am interested in working with others to help promote and educate about voting in Wisconsin.

Yes

No

If yes, please enter your name along with an email address and/or phone number so we can contact you:

35. Please add me to the mailing list for Wisconsin Disability Vote Coalition

Yes

No

If yes, please enter your email address:

36. Please share any other ways that you get information about voting:

37. (Optional) Name/Contact info:

Thank you for taking the Disability Vote Coalition Voting Survey!

Please return your completed survey by one of the following methods:

BY MAIL:

Disability Vote Coalition c/o DRW

6737 W. Washington St. #3230

Milwaukee, WI 53214

Attn: Wendy Heyn

BY EMAIL:

wendy.heyn@drwi.org

BY FAX:

414-773-4647

Attn: Wendy Heyn