



Employment and  
Social Development Canada

Emploi et  
Développement social Canada

# Employment and Social Development Canada (ESDC) 2022 Public Opinion Research on Accessibility

## APPENDICES

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*Ce rapport est aussi disponible en français.*

Canada 

Employment and Social Development Canada (ESDC) 2022 Public Opinion Research on Accessibility

**APPENDICES**

Prepared for Employment and Social Development Canada (ESDC) by Quorus Consulting Group Inc.  
June 2022

This report presents the results of public opinion research conducted with persons with disabilities and persons without disabilities. The research involved a national survey with these two target audiences from March 2 to May 2, 2022. The study also involved ten online focus groups and 15 in-depth interviews with persons with disabilities completed between March 16 and April 14, 2022. Sessions included participants from across Canada and captured a mix of different types of disabilities.

Cette publication est aussi disponible en français sous le titre : Emploi et Développement social Canada (EDSC) 2022 Recherche sur l'opinion publique sur l'accessibilité

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Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed:

A handwritten signature in black ink, appearing to read "Rick Nadeau", is written over a light gray, textured rectangular background.

June 2022  
Rick Nadeau, President  
Quorus Consulting Group Inc.

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# Telephone questionnaire for persons without disabilities

## Introduction and screening

Hello/Bonjour, my name is \_\_\_\_\_ and I am calling from Quorus Consulting on behalf of the Government of Canada. We are conducting (doing) a study to learn about the experience(s) of Canadians with respect to accessibility.

Would you prefer that I continue in English or French? Préférez-vous continuer en français ou en anglais? (**IF NEEDED:** Je vous remercie. Quelqu'un vous rappellera bientôt pour mener le sondage en français.)

|          |   |
|----------|---|
| English  | 1 |
| Français | 2 |

The survey takes about 15 minutes to do. You have to be 18 years of age or older to do the survey. Your responses will be kept entirely confidential and anonymous. If at any time during the survey you are not comfortable with a question, we can skip it.

**IF LANDLINE SAMPLE:** May I please speak with the person in your household who is 18 years of age or older and who has had the most recent birthday? Would that be you?

- **IF YES:** Would you be willing to take part in this survey? [**IF YES CONTINUE TO (A), IF NO, THANK AND TERMINATE**]
- **IF THAT PERSON IS NOT AVAILABLE ARRANGE CALLBACK**
- **IF CALL IS TRANSFERRED, RESTART INTRODUCTION**

**IF CELL SAMPLE:** Would you be willing to take part in this survey? [**IF YES CONTINUE, IF NO, THANK AND TERMINATE**]

**IF NEEDED FOR ACCESSIBILITY REASONS:** There are multiple ways participants can complete the survey, including:

- an accessible online survey;
- scheduling a telephone interview;
- using VRS, IP relay or TTY service to call and schedule a telephone interview;
- emailing to request a VRS, IP relay or TTY interview;
- requesting or downloading a physical copy, braille paper copy, or digital braille version of the questionnaire off our website or via email; or,
- letting us know if you require another accessibility option.

Your decision to participate is up to you and will not affect your relationship with the Government of Canada or the services they provide to you. This call may be monitored or recorded for quality control purposes. The information provided will be managed according to the requirements of the *Privacy Act*, the *Access to Information Act*, and any other pertinent legislation. The survey is registered with the Canadian Research Insights Council through their Research Verification Service. Your participation is voluntary and completely confidential. Your answers will remain anonymous. A final report of the study results will be available through Library and Archives Canada.

a) Have I reached you on your cellphone?

Yes 1  
No 2 [SKIP TO QUESTION C]

b) Are you in a place where you are comfortable and feel safe to continue with the survey?

Yes 1  
No 2 [RESCHEDULE: When would it be more convenient for me to call back?]

c) In what year were you born? [Record year – XXXX]

[IF PREFERS NOT TO PROVIDE A PRECISE BIRTH YEAR, ASK:]

Would you be willing to tell me in which of the following age categories you belong? [READ LIST]

|                       |    |
|-----------------------|----|
| 18 to 24              | 1  |
| 25 to 34              | 2  |
| 35 to 44              | 3  |
| 45 to 54              | 4  |
| 55 to 64              | 5  |
| 65 to 74              | 6  |
| OR 75 or older?       | 7  |
| [DO NOT READ] Refused | 99 |

[RESPONDENT MUST BE AT LEAST 18 YEARS OF AGE TO CONTINUE]

d) In which province or territory do you currently live? [DO NOT READ LIST]

*LIST OF PROVINCES AND TERRITORIES*

e) What is your gender? [DO NOT READ LIST]

|  |    |
|--|----|
| Male   | 1  |
| Female   | 2  |
| Non-binary [IF NEEDED: a non-binary person is a person who does not identify with being either a man or a woman. This is a gender identity which may include man and woman, androgynous, fluid, multiple, no gender, or a different gender outside of “woman-man”] | 3  |
| Other gender identity (please describe): _____   | 77 |
| Don't know/Refused   | 99 |

## Self-Identifying Disability Questions (Screening questions)

1. Do you identify as a person with a disability?

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

[FOR EACH "YES" IN Q2, ASK Q3 IMMEDIATELY AFTER THEY ANSWER "YES". FOR "RARELY" IN Q3, ASK Q4, THEN CONTINUE TO NEXT ITEM IN Q2]

2. I am going to list different types of disabilities. These disabilities could be permanent, temporary, or episodic – meaning that they change over time. Please answer YES or NO if you have that type of disability.

[IF "YES" TO ANY ITEM IN Q2 AND IF Q3 EQUALS SOMETIMES/OFTEN/ALWAYS - RESPONDENT IS SCREENED INTO DISABILITY SEGMENT – CONTINUE WITH Q5 IN THE "DISABILITY SEGMENT" VERSION OF THE QUESTIONNAIRE]

[IF "YES" TO ANY ITEM IN Q2, RARELY IN Q3, AND IF Q4 EQUALS A LOT OF DIFFICULTY / CANNOT DO - RESPONDENT IS SCREENED INTO DISABILITY SEGMENT – CONTINUE WITH Q5 IN THE "DISABILITY SEGMENT" VERSION OF THE QUESTIONNAIRE]

[IF "YES" IN Q2H TO HAVING A DEVELOPMENTAL DISABILITY RESPONDENT IS SCREENED INTO DISABILITY SEGMENT – CONTINUE WITH Q5 IN THE "DISABILITY SEGMENT" VERSION OF THE QUESTIONNAIRE]

2a. **Seeing** - also known as visual impairment, it affects a person's ability to see - even when wearing glasses or contact lenses.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3a. **[IF "YES"]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|                                    |    |
|------------------------------------|----|
| Always                             | 1  |
| Often                              | 2  |
| Sometimes                          | 3  |
| Rarely                             | 4  |
| Never                              | 5  |
| Prefer not to answer [DO NOT READ] | 99 |

4a. **[IF “RARELY”]** How much difficulty do you have seeing, even when wearing glasses or contact lenses? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You are blind or legally blind            | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2b. **Hearing** - also known as deaf<sup>1</sup> or hard of hearing, it affects a person’s ability to hear - even when choosing to use devices like hearing aids or cochlear implants.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3b. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4b. **[IF “RARELY”]** How much difficulty do you have hearing, even when choosing to use devices such as hearing aids or cochlear implants? Would you say...

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You cannot hear at all/ are deaf          | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2c. **Mobility** - a type of physical disability, it affects a person’s ability to move.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

---

<sup>1</sup> For online survey this should be presented as: D/deaf



3c. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4c. **[IF “RARELY”]** How much difficulty do you have with mobility? Would you say... **[IF NEEDED: Are you able to walk on a flat surface?]**

|  |    |
|--|----|
| No difficulty                                    | 1  |
| Some difficulty                                  | 2  |
| A lot of difficulty                              | 3  |
| You cannot move without a wheelchair, or scooter | 4  |
| Prefer not to answer <b>[DO NOT READ]</b>        | 99 |

2d. **Flexibility** - also known as a physical disability, it affects a person’s ability to move their joints.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3d. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4d. **[IF “RARELY”]** How much difficulty do you have with flexibility? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You cannot do this at all                 | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2e. **Dexterity** - also known as a physical disability, it affects a person's ability to do tasks, especially with their hands.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3e. **[IF "YES"]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4e. **[IF "RARELY"]** How much difficulty do you have with grasping small objects? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You cannot do this at all                 | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2f. **Pain** - also known as chronic pain syndrome or disability, it affects a person's ability to function due to pain. **[IF NEEDED: Pain that continues over a long period of time and disrupts your life.]**

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3f. **[IF "YES"]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4f. **[IF “RARELY”]** How much difficulty do you have with pain that is always present or with recurring periods of pain? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You cannot function due to pain           | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2g. **Learning** - also known as learning disabilities, it affects the way a person receives, understands, and uses information. **[IF NEEDED:** Learning disabilities can include Dyslexia, Aphasia, Hyperactivity, Dyscalculia, Dysgraphia, Attention Deficit and Hyperactivity Disorder, etc.]

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3g. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4g. **[IF “RARELY”]** How much difficulty do you have with learning? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You require accommodation and support     | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2h. **Developmental** - also known as intellectual disabilities, it affects a person's ability to learn and to adapt their behaviour to different situations.

**[IF NEEDED:** Has a doctor, psychologist or other health care professional ever said that you had a developmental disability? This may include Down syndrome, autism, Asperger syndrome, etc.]

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3h. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4h. **[IF “RARELY”]** How much difficulty do you have with this condition? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You cannot function at all without help   | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2i. A **memory disability** – this affects a person’s ability to remember information. **[IF NEEDED:** do you have a disability that regularly affects how you remember things?]

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3i. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4i. **[IF “RARELY”]** How much difficulty do you have with your memory? Would you say... **[IF NEEDED:** ...for instance, how much difficulty do you have remembering appointments, remembering your health information, personal information, etc.?)

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You experience significant memory loss    | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2j. **Mental health-related** – also known as mental illness, it affects a person’s psychology or their behavior, in other words their ability to think, their emotions, and their behaviour.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3j. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4j. **[IF “RARELY”]** How much difficulty do you have with your mental health condition? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You cannot function at all without help   | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2k. A **communications disability** – this affects a person’s ability to receive, understand, and respond to communication from others. **[IF NEEDED:** This includes people not knowing how to communicate with you and people not understanding what you are saying but does not refer to a situation where you are not sufficiently fluent in a given language.]

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3k. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|  |    |
|--|----|
| Always   | 1  |
| Often  | 2  |
| Sometimes (it depends on the situation and persons you are communicating with) | 3  |
| Rarely   | 4  |
| Never  | 5  |
| Prefer not to answer <b>[DO NOT READ]</b>                                      | 99 |

4k. **[IF “RARELY”]** How much difficulty do you have communicating? Would you say....

|  |    |
|--|----|
| No difficulty  | 1  |
| Some difficulty (it depends on the situation and persons you are communicating with) | 2  |
| A lot of difficulty  | 3  |
| You cannot communicate without support or technology                                 | 4  |
| Prefer not to answer <b>[DO NOT READ]</b>  | 99 |

2l. A **speech disability** - this affects the way a person speaks.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3l. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|  |    |
|--|----|
| Always   | 1  |
| Often  | 2  |
| Sometimes (it depends on the situation and persons you are communicating with) | 3  |
| Rarely   | 4  |
| Never  | 5  |
| Prefer not to answer <b>[DO NOT READ]</b>                                      | 99 |

4l. **[IF “RARELY”]** How much difficulty do you have speaking?

|  |    |
|--|----|
| No difficulty  | 1  |
| Some difficulty (it depends on the situation and persons you are communicating with) | 2  |
| A lot of difficulty  | 3  |
| You cannot speak at all  | 4  |
| Prefer not to answer <b>[DO NOT READ]</b>  | 99 |

2m. **Language** - also known as a language-based disability, it affects a person’s ability to understand and use spoken, signed and written language.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3m. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|  |    |
|--|----|
| Always   | 1  |
| Often  | 2  |
| Sometimes (it depends on the situation and persons you are communicating with) | 3  |
| Rarely   | 4  |
| Never  | 5  |
| Prefer not to answer <b>[DO NOT READ]</b>                                      | 99 |

4m. **[IF “RARELY”]** How much difficulty do you have with your language-based disability? Would you say....

|  |    |
|--|----|
| No difficulty  | 1  |
| Some difficulty (it depends on the situation and persons you are communicating with) | 2  |
| A lot of difficulty  | 3  |
| You cannot use or understand language at all   | 4  |
| Prefer not to answer <b>[DO NOT READ]</b>  | 99 |

2n. Do you believe you have any **other type of disability**, other health problem, or temporary, episodic or long-term condition that has lasted or is expected to last for six months or more? If so, please describe it.

|                             |    |
|-----------------------------|----|
| Yes, please describe: _____ | 77 |
| No                          | 2  |
| Refuse to Answer            | 98 |
| Don't know                  | 99 |

3n. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

**Accessible Canada Act**

5. Have you seen, read, or heard anything about the Government of Canada’s *Accessible Canada Act*?

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

6. **[ASK IF YES]** What can you remember about this Act? What comes to mind? **[ACCEPT MULTIPLE RESPONSES]**

|                                 |    |
|---------------------------------|----|
| ENTER EXACT RESPONSE            | 77 |
| Refuse to answer                | 98 |
| Don't know / Can't think of any | 99 |



## Experiences with Federal Sector Organizations

**[PREAMBLE – READ SLOWLY]** This next part is about services, programs, and products that are provided by federal sector organizations. As you would expect, this includes services and programs delivered by the Government of Canada but also includes services and products from businesses and other organizations that are regulated by the federal government. This would be things like banks, courier and mail services, ferries, airlines, and interprovincial railroads and bus lines – that is, railroads and bus lines that travel across provincial borders. It also includes radio and television stations, Internet service companies, and First Nations band councils.

### i. DESIGN AND DELIVERY OF PROGRAMS AND SERVICES

7. I would like to start by asking about any **services and programs** you may have used or accessed from these types of organizations over the past 2 years.

First, how do you like to access the services or programs from federal sector organizations? Do you prefer to do it... **[READ LIST – ACCEPT ONLY ONE ANSWER]**

**[IF NEEDED:** “Federal sector organizations” include banks, courier and mail services, ferries, airlines, interprovincial rail and bus travel, radio and television stations, Internet service companies, and First Nations band councils. They also include all services and programs offered by the Government of Canada.]

|                               |    |
|-------------------------------|----|
| In person                     | 1  |
| Telephone                     | 2  |
| Online                        | 3  |
| Mail                          | 4  |
| Other – please specify: _____ | 77 |

### ii. COMMUNICATION OTHER THAN INFORMATION AND COMMUNICATION TECHNOLOGIES

8. Now there are a couple of questions about printed materials federal sector organizations make available. First, thinking about things like books, letters, forms, posters, online content or other communications materials, how often have you seen or heard of someone with a disability needing federal sector organizations, including the Government of Canada, to make these materials available in accessible formats? Would you say... **[READ LIST]**

**[IF NEEDED:** “Federal sector organizations” include banks, courier and mail services, ferries, airlines, interprovincial rail and bus travel, radio and television stations, Internet service companies, and First Nations band councils. They also include all services and programs offered by the Government of Canada.]

|                                       |    |
|---------------------------------------|----|
| Always                                | 1  |
| Often                                 | 2  |
| Sometimes                             | 3  |
| Rarely                                | 4  |
| Never                                 | 5  |
| Refuse to answer <b>[DO NOT READ]</b> | 98 |

9. **[If SOMETIMES/OFTEN/ALWAYS]** Which of the following accessible formats were needed?  
[READ LIST – ACCEPT ALL THAT APPLY]

|   |    |
|---|----|
| Large print   | 1  |
| E-books   | 2  |
| Braille   | 3  |
| Closed captioning   | 4  |
| Plain language [IF NEEDED: Plain language is text that someone can easily read and understand.] | 5  |
| Text to speech compatible   | 6  |
| Audio version   | 7  |
| Sign language version   | 8  |
| Do you need any other format? Please specify: _____   | 77 |
| Refuse to answer [DO NOT READ]  | 98 |
| Don't know [DO NOT READ]  | 99 |

iii. INFORMATION AND COMMUNICATION TECHNOLOGIES

10. Do you have access to the Internet at home?

|     |   |
|-----|---|
| Yes | 1 |
| No  | 2 |

11. **[IF NO]** Could you tell me the reasons you do not have Internet at home? [DO NOT READ LIST – ACCEPT ALL THAT APPLY]

|   |    |
|---|----|
| No need or no interest  | 1  |
| Cost (e.g., cost of service, equipment or repair)   | 2  |
| No Internet-ready device available in dwelling (e.g., desktop, laptop or tablet computer)               | 3  |
| No Internet service available in the area   | 4  |
| Require specialized adaptations or software   | 5  |
| Too many websites are inaccessible  | 6  |
| Security or privacy concerns (e.g., concerns about viruses, spyware or the use of personal information) | 7  |
| Other reason – please specify:  | 77 |
| Don't know / Refuse to answer   | 99 |

12. The next few questions are about “barriers to accessibility.” This is anything that might prevent a person with a disability from full and equal participation in society. It could be a physical barrier, a communication barrier, an attitude barrier, a technology barrier, or a barrier caused by a policy or a practice.

And over the past 2 years, how often have you seen or heard of someone with a disability experiencing the following technology barriers because of an accessibility issue? By this we mean...

a. ...there was a barrier to using a website? Would you say this happened... [REPEAT LIST IF NEEDED]

[IF NEEDED: For example, the website had no alternate text or would not work with an accessibility device.]

b. ...there was a barrier to using a cellphone or accessing a wireless service? Would you say this happened... [REPEAT LIST IF NEEDED]

[IF NEEDED: This refers to any barrier using a device or service obtained in Canada. Wireless Services include: Retail mobile wireless voice and data services.]

c. ...there was a barrier to using self-service technology in a public place? For example, while using an ATM, a self-service checkout, or an information kiosk. Would you say this happened... [REPEAT LIST IF NEEDED]

d. ...there was a barrier to watching cable TV? Would you say this happened... [REPEAT LIST IF NEEDED]

[IF NEEDED: Examples of barriers could include inadequate closed captioning, lack of described video or sign-language programming, among others.]

e. ...there was a barrier to watching a show on a streaming service such as Netflix, AppleTV, Crave, Amazon Prime, or a similar service? Would you say this happened... [REPEAT LIST IF NEEDED]

[IF NEEDED: Examples of barriers could include inadequate closed captioning, lack of described video or sign-language programming, among others.]

f. There was a barrier to watching a video on the internet, for example on YouTube, Facebook, other social media or websites? Would you say this happened... [REPEAT LIST IF NEEDED]

[IF NEEDED: Examples of barriers could include inadequate closed captioning, lack of described video or sign-language programming, among others.]

|                                |    |
|--------------------------------|----|
| Always                         | 1  |
| Often                          | 2  |
| Sometimes                      | 3  |
| Rarely                         | 4  |
| Never                          | 5  |
| Not applicable [DO NOT READ]   | 97 |
| Refuse to answer [DO NOT READ] | 98 |
| Don't know [DO NOT READ]       | 99 |

## Demographics

We have just a few final demographic questions that will be used to help us analyze the survey results. I want to remind you that your answers are completely confidential and anonymous and will only be used for analysis in combination with other survey respondents' answers as required by the *Privacy Act*. If at any time you are not comfortable with a question, we can skip it.

13. What is the highest level of formal education that you have completed? [\[READ A FEW ITEMS FROM THE LIST\]](#)

|  |    |
|--|----|
| Grade 8 or less  | 1  |
| Some high school   | 2  |
| High School diploma or equivalent                                | 3  |
| Registered Apprenticeship or other trades certificate or diploma | 4  |
| College certificate or diploma                                   | 5  |
| Bachelor's degree  | 6  |
| Post graduate degree or certificate above bachelor's level       | 7  |
| <a href="#">[DO NOT READ]</a> Prefer not to answer               | 99 |

14. Which of the following categories describes your current employment status? Are you... [\[READ LIST - ACCEPT ALL THAT APPLY\]](#)

|  |    |
|--|----|
| Working full-time, that is, 30 or more hours per week            | 1  |
| Working part-time, that is, less than 30 hours per week          | 2  |
| Self-employed  | 3  |
| Unemployed, but looking for work                                 | 4  |
| A student  | 5  |
| Retired  | 6  |
| Not in the workforce (full-time homemaker, not looking for work) | 7  |
| Not in the workforce (due to a disability)                       | 8  |
| Other, please specify: _____                                     | 77 |
| <a href="#">[DO NOT READ]</a> Prefer not to answer               | 99 |

15. Do you self-identify as a member of the following groups? [\[READ LIST - ACCEPT ALL THAT APPLY\]](#)

|  |   |
|--|---|
| Visible minorities                                 | 1 |
| Indigenous Peoples (First Nations, Inuit or Métis) | 2 |
| LGBTQ2+  | 3 |
| None of the above                                  | 4 |
| <a href="#">[DO NOT READ]</a> Prefer not to answer | 9 |

16. Please stop me at the category that best describes your total household income. That is, the total income of all persons in your household combined, before taxes. [\[READ LIST\]](#)

|                                       |    |
|---------------------------------------|----|
| Under \$20,000                        | 1  |
| \$20,000 to just under \$40,000       | 2  |
| \$40,000 to just under \$60,000       | 3  |
| \$60,000 to just under \$80,000       | 4  |
| \$80,000 to just under \$100,000      | 5  |
| \$100,000 to just under \$150,000     | 6  |
| \$150,000 and above                   | 7  |
| <a href="#">[DO NOT READ]</a> Refused | 99 |

17. To better understand how results vary by region, may I have your 6-digit postal code?  
**[ACCEPT FIRST THREE DIGITS IF THAT IS ALL RESPONDENT IS WILLING TO GIVE]**

\_\_\_ \_\_\_ \_\_\_ [FORMAT A4A 5B5]

999999 – DK/NA

Those are all the questions we had for you – thank you very much for your time and have a great day!

**INTERVIEWER BACK UP INFORMATION TO BE USED AS NEEDED:**

**IF ASKED IF AND WHEN RESULTS OF THE STUDY WILL BE AVAILABLE:** The results of the survey will be posted on the Library and Archives Canada website once all work and reporting is complete.

**IF ASKED WHEN THE RESEARCH WILL BE AVAILABLE:** Six months from the completion of all active research.

**IF ASKED FOR A CONTACT NAME AT ESDC:** This survey is being done on behalf of Employment and Social Development Canada. If you have any questions, please email [ACCESSIBLE.CANADA.DIRECTORATE-DIRECTION.CANADA.ACCESSIBLE@hrsdc-rhdcc.gc.ca](mailto:ACCESSIBLE.CANADA.DIRECTORATE-DIRECTION.CANADA.ACCESSIBLE@hrsdc-rhdcc.gc.ca)

# Telephone questionnaire for persons with disabilities

## Introduction and screening

Hello/Bonjour, my name is \_\_\_\_\_ and I am calling from Quorus Consulting on behalf of the Government of Canada. We are conducting (doing) a study to learn about the experience(s) of Canadians with respect to accessibility.

Would you prefer that I continue in English or French? Préférez-vous continuer en français ou en anglais? (**IF NEEDED:** Je vous remercie. Quelqu'un vous rappellera bientôt pour mener le sondage en français.)

|          |   |
|----------|---|
| English  | 1 |
| Français | 2 |

The survey takes about 15 minutes to do. You have to be 18 years of age or older to do the survey. Your responses will be kept entirely confidential and anonymous. If at any time during the survey you are not comfortable with a question, we can skip it.

**IF LANDLINE SAMPLE:** May I please speak with the person in your household who is 18 years of age or older and who has had the most recent birthday? Would that be you?

- **IF YES:** Would you be willing to take part in this survey? [**IF YES CONTINUE TO (A), IF NO, THANK AND TERMINATE**]
- **IF THAT PERSON IS NOT AVAILABLE ARRANGE CALLBACK**
- **IF CALL IS TRANSFERRED, RESTART INTRODUCTION**

**IF CELL SAMPLE:** Would you be willing to take part in this survey? [**IF YES CONTINUE, IF NO, THANK AND TERMINATE**]

**IF NEEDED FOR ACCESSIBILITY REASONS:** There are multiple ways participants can complete the survey, including:

- an accessible online survey;
- scheduling a telephone interview;
- using VRS, IP relay or TTY service to call and schedule a telephone interview;
- emailing to request a VRS, IP relay or TTY interview;
- requesting or downloading a physical copy, braille paper copy, or digital braille version of the questionnaire off our website or via email; or,
- letting us know if you require another accessibility option.

Your decision to participate is up to you and will not affect your relationship with the Government of Canada or the services they provide to you. This call may be monitored or recorded for quality control purposes. The information provided will be managed according to the requirements of the *Privacy Act*, the *Access to Information Act*, and any other pertinent legislation. The survey is registered with the Canadian Research Insights Council through their Research Verification Service. Your participation is voluntary and completely confidential. Your answers will remain anonymous. A final report of the study results will be available through Library and Archives Canada.

a) Have I reached you on your cellphone?

Yes 1  
No 2 [SKIP TO QUESTION C]

b) Are you in a place where you are comfortable and feel safe to continue with the survey?

Yes 1  
No 2 [RESCHEDULE: When would it be more convenient for me to call back?]

c) In what year were you born? [Record year – XXXX]

[IF PREFERS NOT TO PROVIDE A PRECISE BIRTH YEAR, ASK:]

Would you be willing to tell me in which of the following age categories you belong? [READ LIST]

|                       |    |
|-----------------------|----|
| 18 to 24              | 1  |
| 25 to 34              | 2  |
| 35 to 44              | 3  |
| 45 to 54              | 4  |
| 55 to 64              | 5  |
| 65 to 74              | 6  |
| OR 75 or older?       | 7  |
| [DO NOT READ] Refused | 99 |

[RESPONDENT MUST BE AT LEAST 18 YEARS OF AGE TO CONTINUE]

d) In which province or territory do you currently live? [DO NOT READ LIST]

*LIST OF PROVINCES AND TERRITORIES*

e) What is your gender? [DO NOT READ LIST]

|  |    |
|--|----|
| Male   | 1  |
| Female   | 2  |
| Non-binary [IF NEEDED: a non-binary person is a person who does not identify with being either a man or a woman. This is a gender identity which may include man and woman, androgynous, fluid, multiple, no gender, or a different gender outside of “woman-man”] | 3  |
| Other gender identity (please describe): _____   | 77 |
| Don't know/Refused   | 99 |

## Self-Identifying Disability Questions (Screening questions)

1. Do you identify as a person with a disability?

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

[FOR EACH "YES" IN Q2, ASK Q3 IMMEDIATELY AFTER THEY ANSWER "YES". FOR "RARELY" IN Q3, ASK Q4, THEN CONTINUE TO NEXT ITEM IN Q2]

2. I am going to list different types of disabilities. These disabilities could be permanent, temporary, or episodic – meaning that they change over time. Please answer YES or NO if you have that type of disability.

[IF "YES" TO ANY ITEM IN Q2 AND IF Q3 EQUALS SOMETIMES/OFTEN/ALWAYS - RESPONDENT IS SCREENED INTO DISABILITY SEGMENT – CONTINUE WITH Q5 IN THE "DISABILITY SEGMENT" VERSION OF THE QUESTIONNAIRE]

[IF "YES" TO ANY ITEM IN Q2, RARELY IN Q3, AND IF Q4 EQUALS A LOT OF DIFFICULTY / CANNOT DO - RESPONDENT IS SCREENED INTO DISABILITY SEGMENT – CONTINUE WITH Q5 IN THE "DISABILITY SEGMENT" VERSION OF THE QUESTIONNAIRE]

[IF "YES" IN Q2H TO HAVING A DEVELOPMENTAL DISABILITY RESPONDENT IS SCREENED INTO DISABILITY SEGMENT – CONTINUE WITH Q5 IN THE "DISABILITY SEGMENT" VERSION OF THE QUESTIONNAIRE]

2a. **Seeing** - also known as visual impairment, it affects a person's ability to see - even when wearing glasses or contact lenses.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3a. **[IF "YES"]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|                                    |    |
|------------------------------------|----|
| Always                             | 1  |
| Often                              | 2  |
| Sometimes                          | 3  |
| Rarely                             | 4  |
| Never                              | 5  |
| Prefer not to answer [DO NOT READ] | 99 |



4a. **[IF “RARELY”]** How much difficulty do you have seeing, even when wearing glasses or contact lenses? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You are blind or legally blind            | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2b. **Hearing** - also known as deaf<sup>2</sup> or hard of hearing, it affects a person’s ability to hear - even when choosing to use devices like hearing aids or cochlear implants.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3b. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4b. **[IF “RARELY”]** How much difficulty do you have hearing, even when choosing to use devices such as hearing aids or cochlear implants? Would you say...

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You cannot hear at all/ are deaf          | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2c. **Mobility** - a type of physical disability, it affects a person’s ability to move.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

---

<sup>2</sup> For online survey this should be presented as: D/deaf

3c. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4c. **[IF “RARELY”]** How much difficulty do you have with mobility? Would you say... **[IF NEEDED: Are you able to walk on a flat surface?]**

|  |    |
|--|----|
| No difficulty                                    | 1  |
| Some difficulty                                  | 2  |
| A lot of difficulty                              | 3  |
| You cannot move without a wheelchair, or scooter | 4  |
| Prefer not to answer <b>[DO NOT READ]</b>        | 99 |

2d. **Flexibility** - also known as a physical disability, it affects a person’s ability to move their joints.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3d. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4d. **[IF “RARELY”]** How much difficulty do you have with flexibility? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You cannot do this at all                 | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2e. **Dexterity** - also known as a physical disability, it affects a person's ability to do tasks, especially with their hands.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3e. **[IF "YES"]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4e. **[IF "RARELY"]** How much difficulty do you have with grasping small objects? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You cannot do this at all                 | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2f. **Pain** - also known as chronic pain syndrome or disability, it affects a person's ability to function due to pain. **[IF NEEDED: Pain that continues over a long period of time and disrupts your life.]**

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3f. **[IF "YES"]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4f. **[IF “RARELY”]** How much difficulty do you have with pain that is always present or with recurring periods of pain? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You cannot function due to pain           | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2g. **Learning** - also known as learning disabilities, it affects the way a person receives, understands, and uses information. **[IF NEEDED:** Learning disabilities can include Dyslexia, Aphasia, Hyperactivity, Dyscalculia, Dysgraphia, Attention Deficit and Hyperactivity Disorder, etc.]

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3g. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4g. **[IF “RARELY”]** How much difficulty do you have with learning? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You require accommodation and support     | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2h. **Developmental** - also known as intellectual disabilities, it affects a person's ability to learn and to adapt their behaviour to different situations.

**[IF NEEDED:** Has a doctor, psychologist or other health care professional ever said that you had a developmental disability? This may include Down syndrome, autism, Asperger syndrome, etc.]

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3h. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4h. **[IF “RARELY”]** How much difficulty do you have with this condition? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You cannot function at all without help   | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2i. A **memory disability** – this affects a person’s ability to remember information. **[IF NEEDED:** do you have a disability that regularly affects how you remember things?]

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3i. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4i. **[IF “RARELY”]** How much difficulty do you have with your memory? Would you say... **[IF NEEDED:** ...for instance, how much difficulty do you have remembering appointments, remembering your health information, personal information, etc.?]

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You experience significant memory loss    | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2j. **Mental health-related** – also known as mental illness, it affects a person’s psychology or their behavior, in other words their ability to think, their emotions, and their behaviour.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3j. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

4j. **[IF “RARELY”]** How much difficulty do you have with your mental health condition? Would you say....

|   |    |
|---|----|
| No difficulty                             | 1  |
| Some difficulty                           | 2  |
| A lot of difficulty                       | 3  |
| You cannot function at all without help   | 4  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

2k. A **communications disability** – this affects a person’s ability to receive, understand, and respond to communication from others. **[IF NEEDED:** This includes people not knowing how to communicate with you and people not understanding what you are saying but does not refer to a situation where you are not sufficiently fluent in a given language.]

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3k. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|  |    |
|--|----|
| Always   | 1  |
| Often  | 2  |
| Sometimes (it depends on the situation and persons you are communicating with) | 3  |
| Rarely   | 4  |
| Never  | 5  |
| Prefer not to answer <b>[DO NOT READ]</b>                                      | 99 |

4k. **[IF “RARELY”]** How much difficulty do you have communicating? Would you say....

|  |    |
|--|----|
| No difficulty  | 1  |
| Some difficulty (it depends on the situation and persons you are communicating with) | 2  |
| A lot of difficulty  | 3  |
| You cannot communicate without support or technology                                 | 4  |
| Prefer not to answer <b>[DO NOT READ]</b>  | 99 |

2l. A **speech disability** - this affects the way a person speaks.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3l. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|  |    |
|--|----|
| Always   | 1  |
| Often  | 2  |
| Sometimes (it depends on the situation and persons you are communicating with) | 3  |
| Rarely   | 4  |
| Never  | 5  |
| Prefer not to answer <b>[DO NOT READ]</b>                                      | 99 |

4l. **[IF “RARELY”]** How much difficulty do you have speaking?

|  |    |
|--|----|
| No difficulty  | 1  |
| Some difficulty (it depends on the situation and persons you are communicating with) | 2  |
| A lot of difficulty  | 3  |
| You cannot speak at all  | 4  |
| Prefer not to answer <b>[DO NOT READ]</b>  | 99 |

2m. **Language** - also known as a language-based disability, it affects a person’s ability to understand and use spoken, signed and written language.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3m. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|  |    |
|--|----|
| Always   | 1  |
| Often  | 2  |
| Sometimes (it depends on the situation and persons you are communicating with) | 3  |
| Rarely   | 4  |
| Never  | 5  |
| Prefer not to answer <b>[DO NOT READ]</b>                                      | 99 |

4m. **[IF “RARELY”]** How much difficulty do you have with your language-based disability? Would you say....

|  |    |
|--|----|
| No difficulty  | 1  |
| Some difficulty (it depends on the situation and persons you are communicating with) | 2  |
| A lot of difficulty  | 3  |
| You cannot use or understand language at all   | 4  |
| Prefer not to answer <b>[DO NOT READ]</b>  | 99 |

2n. Do you believe you have any **other type of disability**, other health problem, or temporary, episodic or long-term condition that has lasted or is expected to last for six months or more? If so, please describe it.

|                             |    |
|-----------------------------|----|
| Yes, please describe: _____ | 77 |
| No                          | 2  |
| Refuse to Answer            | 98 |
| Don’t know                  | 99 |



3n. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability? Would you say....

|   |    |
|---|----|
| Always                                    | 1  |
| Often                                     | 2  |
| Sometimes                                 | 3  |
| Rarely                                    | 4  |
| Never                                     | 5  |
| Prefer not to answer <b>[DO NOT READ]</b> | 99 |

### Accessible Canada Act

18. Have you seen, read, or heard anything about the Government of Canada’s *Accessible Canada Act*?

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

19. **[ASK IF YES]** What can you remember about this Act? What comes to mind? **[ACCEPT MULTIPLE RESPONSES]**

|                                 |    |
|---------------------------------|----|
| ENTER EXACT RESPONSE            | 77 |
| Refuse to answer                | 98 |
| Don’t know / Can’t think of any | 99 |

### Experiences with Federal Sector Organizations

**[PREAMBLE – READ SLOWLY]** This next part is about services, programs, and products that are provided by federal sector organizations. As you would expect, this includes services and programs delivered by the Government of Canada but also includes services and products from businesses and other organizations that are regulated by the federal government. This would be things like banks, courier and mail services, ferries, airlines, and interprovincial railroads and bus lines – that is, railroads and bus lines that travel across provincial borders. It also includes radio and television stations, Internet service companies, and First Nations band councils.

i. DESIGN AND DELIVERY OF PROGRAMS AND SERVICES

20. I would like to start by asking about any **services and programs** you may have used or accessed from these types of organizations over the past 2 years.

First, how do you like to access the services or programs from federal sector organizations? Do you prefer to do it... [\[READ LIST – ACCEPT ONLY ONE ANSWER\]](#)

**[IF NEEDED:** “Federal sector organizations” include banks, courier and mail services, ferries, airlines, interprovincial rail and bus travel, radio and television stations, Internet service companies, and First Nations band councils. They also include all services and programs offered by the Government of Canada.]

|                         |    |
|-------------------------|----|
| In person               | 1  |
| Telephone               | 2  |
| Online                  | 3  |
| Mail                    | 4  |
| Other – please specify: | 77 |

21. Now, I would like to know about any accessibility or other accommodations you may have needed when you were accessing services or programs from federal sector organizations. Over the past 2 years, how many times have you needed the following kinds of accommodations when accessing the services or programs from federal sector organizations?

**[IF NEEDED:** “Federal sector organizations” include banks, courier and mail services, ferries, airlines, interprovincial rail and bus travel, radio and television stations, Internet service companies, and First Nations band councils. They also include all services and programs offered by the Government of Canada.]

How many times have you needed...

- a) Documents in accessible formats such as Braille, large print, or that work with computer programs that read text or documents out loud, etc.?
- b) Documents in Plain Language? **[IF NEEDED:** For example, documents that are easy for people to read and understand.]
- c) More time to complete a form or an application?
- d) An accessible website? **[IF NEEDED:** A website which is easy to use and designed so that everyone, including persons with disabilities, can use it.]
- e) Help completing forms? This includes intervenors, direct support professionals or other communications supports. **[IF NEEDED:** an intervenor is someone who specializes in assisting persons with both hearing and vision loss]
- f) Sign language interpretation services or sign language videos?
- g) Oral interpretation services? **[IF NEEDED:** a person who repeats a speaker’s words silently to assist people who read lips]
- h) Accommodation for a service animal such as guide dogs, therapy animals, or other service animals?

- i) The use of an assistive device? **[IF NEEDED:** Assistive devices are devices used to assist a person to perform a particular task. E.g., voice recognition software that converts spoken words into text; text to audio – that is programs that read text out loud; mobility aids; hearing aids; computers; computer-electronic assistive devices; tools; devices that have been modified to make them easier to use, etc.]

Would you say... **[REPEAT LIST ONLY AS NEEDED]**

|                                       |    |
|---------------------------------------|----|
| Always                                | 1  |
| Often                                 | 2  |
| Sometimes                             | 3  |
| Rarely                                | 4  |
| Never                                 | 5  |
| Not applicable <b>[DO NOT READ]</b>   | 97 |
| Refuse to answer <b>[DO NOT READ]</b> | 98 |
| Don't know <b>[DO NOT READ]</b>       | 99 |

Q8x. Thinking about the past 2 years again, have you needed any other type of accommodation or accessibility requirement when you were accessing services or programs from federal sector organizations?

|                             |    |
|-----------------------------|----|
| Yes, please describe: _____ | 77 |
| No                          | 2  |
| Refuse to Answer            | 98 |
| Don't know                  | 99 |

ii. **COMMUNICATION OTHER THAN INFORMATION AND COMMUNICATION TECHNOLOGIES**

22. Now there are a couple of questions about printed materials you may access or receive from federal sector organizations.

First, thinking about things like books, letters, forms, posters, online content or other communications materials, how often do you need federal sector organizations, including the Government of Canada, to make these materials available in accessible formats? Would you say... **[READ LIST]**

**[IF NEEDED:** “Federal sector organizations” include banks, courier and mail services, ferries, airlines, interprovincial rail and bus travel, radio and television stations, Internet service companies, and First Nations band councils. They also include all services and programs offered by the Government of Canada.]

|           |   |
|-----------|---|
| Always    | 1 |
| Often     | 2 |
| Sometimes | 3 |
| Rarely    | 4 |
| Never     | 5 |

|                                |    |
|--------------------------------|----|
| Refuse to answer [DO NOT READ] | 98 |
| Don't know [DO NOT READ]       | 99 |

23. **[If SOMETIMES/OFTEN/ALWAYS]** Which of the following accessible formats do you need?  
**[READ LIST – ACCEPT ALL THAT APPLY]**

|   |    |
|---|----|
| Large print   | 1  |
| E-books   | 2  |
| Braille   | 3  |
| Closed captioning   | 4  |
| Plain language [IF NEEDED: Plain language is text that someone can easily read and understand.] | 5  |
| Text to speech compatible   | 6  |
| Audio version   | 7  |
| Sign language version   | 8  |
| Do you need any other format? Please specify: _____   | 77 |
| Refuse to answer [DO NOT READ]  | 98 |
| Don't know [DO NOT READ]  | 99 |

iii. **BUILT ENVIRONMENT**

24. This question is about just getting into and around different places. Thinking again about the last two years, how often have you experienced barriers that limited your ability to move in and around the following places: **RANDOMIZE LIST**

- a) Government buildings, such as Service Canada centres, etc.
- b) Public buildings, such as libraries, community buildings, city hall, etc.
- c) Public spaces, such as sidewalks and parks
- d) Your place of work
- e) Large retail stores and chain stores
- f) Shopping centres
- g) Medical offices including walk-in clinics, hospitals, etc.
- h) Restaurants
- i) Movie theatres
- j) Small and independent local stores or shops
- k) Friends or other people's houses you visited

Would you say...[REPEAT LIST AS NEEDED]

|                                |    |
|--------------------------------|----|
| Always                         | 1  |
| Often                          | 2  |
| Sometimes                      | 3  |
| Rarely                         | 4  |
| Never                          | 5  |
| Not applicable [DO NOT READ]   | 97 |
| Refuse to answer [DO NOT READ] | 98 |
| Don't know [DO NOT READ]       | 99 |

iv. INFORMATION AND COMMUNICATION TECHNOLOGIES

25. Do you have access to the Internet at home?

|     |   |
|-----|---|
| Yes | 1 |
| No  | 2 |

26. [IF NO] Could you tell me the reasons you do not have Internet at home? [DO NOT READ LIST – ACCEPT ALL THAT APPLY]

|   |    |
|---|----|
| No need or no interest  | 1  |
| Cost (e.g., cost of service, equipment or repair)   | 2  |
| No Internet-ready device available in dwelling (e.g., desktop, laptop or tablet computer)               | 3  |
| No Internet service available in the area   | 4  |
| Require specialized adaptations or software   | 5  |
| Too many websites are inaccessible  | 6  |
| Security or privacy concerns (e.g., concerns about viruses, spyware or the use of personal information) | 7  |
| Other reason – please specify:  | 77 |
| Don't know / Refuse to answer   | 99 |

27. The next few questions are about “barriers to accessibility.” This is anything that might prevent a person with a disability from full and equal participation in society. It could be a physical barrier, a communication barrier, an attitude barrier, a technology barrier, or a barrier caused by a policy or a practice.

And over the past 2 years, how often did you experience the following technology barriers because of an accessibility issue? By this we mean...

a. ...there was a barrier to using a website? Would you say this happened... [REPEAT LIST IF NEEDED]

[IF NEEDED: For example, the website had no alternate text or would not work with an accessibility device.]

b. ...there was a barrier to using a cellphone or accessing a wireless service? Would you say this happened... [REPEAT LIST IF NEEDED]

[IF NEEDED: This refers to any barrier using a device or service obtained in Canada. Wireless Services include: Retail mobile wireless voice and data services.]

c. ...there was a barrier to using self-service technology in a public place? For example, while using an ATM, a self-service checkout, or an information kiosk. Would you say this happened... [REPEAT LIST IF NEEDED]

d. ...there was a barrier to watching cable TV? Would you say this happened... [REPEAT LIST IF NEEDED]

[IF NEEDED: Examples of barriers could include inadequate closed captioning, lack of described video or sign-language programming, among others.]

e. ...there was a barrier to watching a show on a streaming service such as Netflix, AppleTV, Crave, Amazon Prime, or a similar service? Would you say this happened... [REPEAT LIST IF NEEDED]

[IF NEEDED: Examples of barriers could include inadequate closed captioning, lack of described video or sign-language programming, among others.]

f. There was a barrier to watching a video on the internet, for example on YouTube, Facebook, other social media or websites? Would you say this happened... [REPEAT LIST IF NEEDED]

[IF NEEDED: Examples of barriers could include inadequate closed captioning, lack of described video or sign-language programming, among others.]

|                                |    |
|--------------------------------|----|
| Always                         | 1  |
| Often                          | 2  |
| Sometimes                      | 3  |
| Rarely                         | 4  |
| Never                          | 5  |
| Not applicable [DO NOT READ]   | 97 |
| Refuse to answer [DO NOT READ] | 98 |
| Don't know [DO NOT READ]       | 99 |

## Demographics

We have just a few final demographic questions that will be used to help us analyze the survey results. I want to remind you that your answers are completely confidential and anonymous and will only be used for analysis in combination with other survey respondents' answers as required by the *Privacy Act*. If at any time you are not comfortable with a question, we can skip it.

28. What is the highest level of formal education that you have completed? [\[READ A FEW ITEMS FROM THE LIST\]](#)

|  |    |
|--|----|
| Grade 8 or less  | 1  |
| Some high school   | 2  |
| High School diploma or equivalent                                | 3  |
| Registered Apprenticeship or other trades certificate or diploma | 4  |
| College certificate or diploma                                   | 5  |
| Bachelor's degree  | 6  |
| Post graduate degree or certificate above bachelor's level       | 7  |
| <a href="#">[DO NOT READ]</a> Prefer not to answer               | 99 |

29. Which of the following categories describes your current employment status? Are you... [\[READ LIST - ACCEPT ALL THAT APPLY\]](#)

|  |    |
|--|----|
| Working full-time, that is, 30 or more hours per week            | 1  |
| Working part-time, that is, less than 30 hours per week          | 2  |
| Self-employed  | 3  |
| Unemployed, but looking for work                                 | 4  |
| A student  | 5  |
| Retired  | 6  |
| Not in the workforce (full-time homemaker, not looking for work) | 7  |
| Not in the workforce (due to a disability)                       | 8  |
| Other, please specify: _____                                     | 77 |
| <a href="#">[DO NOT READ]</a> Prefer not to answer               | 99 |

30. Do you self-identify as a member of the following groups? [\[READ LIST - ACCEPT ALL THAT APPLY\]](#)

|  |   |
|--|---|
| Visible minorities                                 | 1 |
| Indigenous Peoples (First Nations, Inuit or Métis) | 2 |
| LGBTQ2+  | 3 |
| None of the above                                  | 4 |
| <a href="#">[DO NOT READ]</a> Prefer not to answer | 9 |

31. Please stop me at the category that best describes your total household income. That is, the total income of all persons in your household combined, before taxes. [\[READ LIST\]](#)

|                                       |    |
|---------------------------------------|----|
| Under \$20,000                        | 1  |
| \$20,000 to just under \$40,000       | 2  |
| \$40,000 to just under \$60,000       | 3  |
| \$60,000 to just under \$80,000       | 4  |
| \$80,000 to just under \$100,000      | 5  |
| \$100,000 to just under \$150,000     | 6  |
| \$150,000 and above                   | 7  |
| <a href="#">[DO NOT READ]</a> Refused | 99 |

32. To better understand how results vary by region, may I have your 6-digit postal code?  
**[ACCEPT FIRST THREE DIGITS IF THAT IS ALL RESPONDENT IS WILLING TO GIVE]**

— — — — — **[FORMAT A4A 5B5]**

999999 – DK/NA

Those are all the questions we had for you – thank you very much for your time and have a great day!

**INTERVIEWER BACK UP INFORMATION TO BE USED AS NEEDED:**

**IF ASKED IF AND WHEN RESULTS OF THE STUDY WILL BE AVAILABLE:** The results of the survey will be posted on the Library and Archives Canada website once all work and reporting is complete.

**IF ASKED WHEN THE RESEARCH WILL BE AVAILABLE:** Six months from the completion of all active research.

**IF ASKED FOR A CONTACT NAME AT ESDC:** This survey is being done on behalf of Employment and Social Development Canada. If you have any questions, please email [ACCESSIBLE.CANADA.DIRECTORATE-DIRECTION.CANADA.ACCESSIBLE@hrsdc-rhdcc.gc.ca](mailto:ACCESSIBLE.CANADA.DIRECTORATE-DIRECTION.CANADA.ACCESSIBLE@hrsdc-rhdcc.gc.ca)



## Online questionnaire for persons with disabilities

### INTRODUCTION AND SCREENING

#### [SURVEY PARTICIPANTS WILL HAVE PRE-SELECTED THE LANGUAGE]

Thank you for taking the time to participate in this survey. This research is being conducted by Quorus Consulting on behalf of Employment and Social Development Canada (ESDC) and will help the Government of Canada learn about Canadians' experience(s) with accessibility and disability issues.

The survey takes about 15 minutes to do. You have to be 18 years of age or older to do the survey. Your responses will be kept entirely confidential and anonymous. If at any time during the survey you are not comfortable with a question, you can skip it.

Your decision to participate is up to you and will not affect your relationship with the Government of Canada or the services they provide you. The information provided will be managed according to the requirements of the *Privacy Act*. The final report on the survey will be available through the Library of Parliament and Library and Archives Canada.

We would appreciate it if you could complete the survey by April 30, 2022.

If you have any questions regarding the purpose of the study, please email [ACCESSIBLE.CANADA.DIRECTORATE-DIRECTION.CANADA.ACCESSIBLE@hrsdc-rhdcc.gc.ca](mailto:ACCESSIBLE.CANADA.DIRECTORATE-DIRECTION.CANADA.ACCESSIBLE@hrsdc-rhdcc.gc.ca).

For all technical issues and resources to help you complete the survey, please visit [www.quorusconsultations.com](http://www.quorusconsultations.com) or send an email to [discussions@quorusconsulting.com](mailto:discussions@quorusconsulting.com).

#### [PROGRAMMING NOTE - DO NOT HAVE ANY FORCED RESPONSES IN THIS SURVEY]

Please select "Next" to begin the survey.

a) In what year were you born? [Record year – 19 \_\_ ]

Refuse to answer 99

[IF PREFERS NOT TO PROVIDE A PRECISE BIRTH YEAR, ASK:] In which of the following age categories you belong?

|                 |                |
|-----------------|----------------|
| 18 to 24        | 1              |
| 25 to 34        | 2              |
| 35 to 44        | 3              |
| 45 to 54        | 4              |
| 55 to 64        | 5              |
| 65 to 74        | 6              |
| OR 75 or older? | 7              |
| Refused         | 99 [TERMINATE] |

[RESPONDENT MUST BE AT LEAST 18 YEARS OF AGE TO CONTINUE]

b) In which province or territory do you currently live?

|                           |    |
|---------------------------|----|
| British Columbia          | 1  |
| Alberta                   | 2  |
| Saskatchewan              | 3  |
| Manitoba                  | 4  |
| Northwest Territories     | 5  |
| Yukon                     | 6  |
| Ontario                   | 7  |
| Quebec                    | 8  |
| New Brunswick             | 9  |
| Nova Scotia               | 10 |
| Prince Edward Island      | 11 |
| Newfoundland and Labrador | 12 |
| Nunavut                   | 13 |
| Refuse to answer          | 99 |

c) What is your gender?

|   |    |
|---|----|
| Male  | 1  |
| Female  | 2  |
| Non-binary [a non-binary person is a person who does not identify with being either a man or a woman. This is a gender identity which may include man and woman, androgynous, fluid, multiple, no gender, or a different gender outside of “woman-man”] | 3  |
| Other gender identity (please describe):_____   | 77 |
| Don't know/Refused  | 99 |

#### Self-Identifying Disability Questions (Screening questions)

1. Do you identify as a person with a disability?

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

[FOR EACH “YES” IN Q2, ASK Q3 IMMEDIATELY AFTER THEY ANSWER “YES”. FOR “RARELY” IN Q3, ASK Q4, THEN CONTINUE TO NEXT ITEM IN Q2]

2. You will be presented a list of different types of disabilities. These disabilities could be permanent, temporary, or episodic – meaning that they change over time. Please select YES or NO if you have that type of disability.

[IF “YES” TO ANY ITEM IN Q2 AND IF Q3 EQUALS SOMETIMES/OFTEN/ALWAYS - RESPONDENT IS SCREENED INTO DISABILITY SEGMENT – CONTINUE WITH Q5 IN THE “DISABILITY SEGMENT” VERSION OF THE QUESTIONNAIRE]

[IF “YES” TO ANY ITEM IN Q2, RARELY IN Q3, AND IF Q4 EQUALS A LOT OF DIFFICULTY / CANNOT DO - RESPONDENT IS SCREENED INTO DISABILITY SEGMENT – CONTINUE WITH Q5 IN THE “DISABILITY SEGMENT” VERSION OF THE QUESTIONNAIRE]

[IF “YES” IN Q2H TO HAVING A DEVELOPMENTAL DISABILITY RESPONDENT IS SCREENED INTO DISABILITY SEGMENT – CONTINUE WITH Q5 IN THE “DISABILITY SEGMENT” VERSION OF THE QUESTIONNAIRE]

2a. **Seeing** - also known as visual impairment, it affects a person's ability to see - even when wearing glasses or contact lenses.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3a. **[IF "YES"]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?

|                      |    |
|----------------------|----|
| Always               | 1  |
| Often                | 2  |
| Sometimes            | 3  |
| Rarely               | 4  |
| Never                | 5  |
| Prefer not to answer | 99 |

4a. **[IF "RARELY"]** How much difficulty do you have seeing, even when wearing glasses or contact lenses?

|                                |    |
|--------------------------------|----|
| No difficulty                  | 1  |
| Some difficulty                | 2  |
| A lot of difficulty            | 3  |
| You are blind or legally blind | 4  |
| Prefer not to answer           | 99 |

2b. **Hearing** - also known as D/deaf or hard of hearing, it affects a person's ability to hear - even when choosing to use devices like hearing aids or cochlear implants.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3b. **[IF "YES"]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?

|                      |    |
|----------------------|----|
| Always               | 1  |
| Often                | 2  |
| Sometimes            | 3  |
| Rarely               | 4  |
| Never                | 5  |
| Prefer not to answer | 99 |

4b. **[IF “RARELY”]** How much difficulty do you have hearing, even when choosing to use devices such as hearing aids or cochlear implants?

|                                  |    |
|----------------------------------|----|
| No difficulty                    | 1  |
| Some difficulty                  | 2  |
| A lot of difficulty              | 3  |
| You cannot hear at all/ are deaf | 4  |
| Prefer not to answer             | 99 |

2c. **Mobility** - a type of physical disability, it affects a person’s ability to move.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3c. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability?

|                      |    |
|----------------------|----|
| Always               | 1  |
| Often                | 2  |
| Sometimes            | 3  |
| Rarely               | 4  |
| Never                | 5  |
| Prefer not to answer | 99 |

4c. **[IF “RARELY”]** How much difficulty do you have with mobility? For instance, how difficult is it for you to walk on a flat surface?

|  |    |
|--|----|
| No difficulty                                    | 1  |
| Some difficulty                                  | 2  |
| A lot of difficulty                              | 3  |
| You cannot move without a wheelchair, or scooter | 4  |
| Prefer not to answer                             | 99 |

2d. **Flexibility** - also known as a physical disability, it affects a person’s ability to move their joints.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3d. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability?

|                      |    |
|----------------------|----|
| Always               | 1  |
| Often                | 2  |
| Sometimes            | 3  |
| Rarely               | 4  |
| Never                | 5  |
| Prefer not to answer | 99 |

4d. **[IF “RARELY”]** How much difficulty do you have with flexibility?

|                           |    |
|---------------------------|----|
| No difficulty             | 1  |
| Some difficulty           | 2  |
| A lot of difficulty       | 3  |
| You cannot do this at all | 4  |
| Prefer not to answer      | 99 |

2e. **Dexterity** - also known as a physical disability, it affects a person’s ability to do tasks, especially with their hands.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3e. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability?

|                      |    |
|----------------------|----|
| Always               | 1  |
| Often                | 2  |
| Sometimes            | 3  |
| Rarely               | 4  |
| Never                | 5  |
| Prefer not to answer | 99 |

4e. **[IF “RARELY”]** How much difficulty do you have with grasping small objects?

|                           |    |
|---------------------------|----|
| No difficulty             | 1  |
| Some difficulty           | 2  |
| A lot of difficulty       | 3  |
| You cannot do this at all | 4  |
| Prefer not to answer      | 99 |

2f. **Pain** - also known as chronic pain syndrome or disability, it affects a person's ability to function due to pain. This is the type of pain that continues over a long period of time and disrupts your life.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3f. **[IF "YES"]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?

|                      |    |
|----------------------|----|
| Always               | 1  |
| Often                | 2  |
| Sometimes            | 3  |
| Rarely               | 4  |
| Never                | 5  |
| Prefer not to answer | 99 |

4f. **[IF "RARELY"]** How much difficulty do you have with pain that is always present or with recurring periods of pain?

|                                 |    |
|---------------------------------|----|
| No difficulty                   | 1  |
| Some difficulty                 | 2  |
| A lot of difficulty             | 3  |
| You cannot function due to pain | 4  |
| Prefer not to answer            | 99 |

2g. **Learning** - also known as learning disabilities, it affects the way a person receives, understands, and uses information. Learning disabilities can include Dyslexia, Aphasia, Hyperactivity, Dyscalculia, Dysgraphia, Attention Deficit and Hyperactivity Disorder, etc.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

3g. **[IF "YES"]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?

|                      |    |
|----------------------|----|
| Always               | 1  |
| Often                | 2  |
| Sometimes            | 3  |
| Rarely               | 4  |
| Never                | 5  |
| Prefer not to answer | 99 |

4g. [IF “RARELY”] How much difficulty do you have with learning?

|                                       |    |
|---------------------------------------|----|
| No difficulty                         | 1  |
| Some difficulty                       | 2  |
| A lot of difficulty                   | 3  |
| You require accommodation and support | 4  |
| Prefer not to answer                  | 99 |

2h. **Developmental** - also known as intellectual disabilities, it affects a person’s ability to learn and to adapt their behaviour to different situations.

More specifically, has a doctor, psychologist or other health care professional ever said that you had a developmental disability? This may include Down syndrome, autism, Asperger syndrome, etc.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3h. [IF “YES”] How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability?

|                      |    |
|----------------------|----|
| Always               | 1  |
| Often                | 2  |
| Sometimes            | 3  |
| Rarely               | 4  |
| Never                | 5  |
| Prefer not to answer | 99 |

4h. [IF “RARELY”] How much difficulty do you have with this condition?

|   |    |
|---|----|
| No difficulty                           | 1  |
| Some difficulty                         | 2  |
| A lot of difficulty                     | 3  |
| You cannot function at all without help | 4  |
| Prefer not to answer                    | 99 |

2i. A **memory disability** – this affects a person’s ability to remember information. In other words, do you have a disability that regularly affects how you remember things?

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |



3i. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability?

|                      |    |
|----------------------|----|
| Always               | 1  |
| Often                | 2  |
| Sometimes            | 3  |
| Rarely               | 4  |
| Never                | 5  |
| Prefer not to answer | 99 |

4i. **[IF “RARELY”]** How much difficulty do you have with your memory? For instance, how much difficulty do you have remembering appointments, remembering your health information, personal information, etc.?

|  |    |
|--|----|
| No difficulty                          | 1  |
| Some difficulty                        | 2  |
| A lot of difficulty                    | 3  |
| You experience significant memory loss | 4  |
| Prefer not to answer                   | 99 |

2j. **Mental health-related** – also known as mental illness, it affects a person’s psychology or their behavior, in other words their ability to think, their emotions, and their behaviour.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3j. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability?

|                      |    |
|----------------------|----|
| Always               | 1  |
| Often                | 2  |
| Sometimes            | 3  |
| Rarely               | 4  |
| Never                | 5  |
| Prefer not to answer | 99 |

4j. **[IF “RARELY”]** How much difficulty do you have with your mental health condition?

|   |    |
|---|----|
| No difficulty                           | 1  |
| Some difficulty                         | 2  |
| A lot of difficulty                     | 3  |
| You cannot function at all without help | 4  |
| Prefer not to answer                    | 99 |

2k. A **communications disability** – this affects a person’s ability to receive, understand, and respond to communication from others.

This includes people not knowing how to communicate with you and people not understanding what you are saying but does not refer to a situation where you are not sufficiently fluent in a given language.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3k. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability?

|  |    |
|--|----|
| Always   | 1  |
| Often  | 2  |
| Sometimes (it depends on the situation and persons you are communicating with) | 3  |
| Rarely   | 4  |
| Never  | 5  |
| Prefer not to answer   | 99 |

4k. **[IF “RARELY”]** How much difficulty do you have communicating?

|  |    |
|--|----|
| No difficulty  | 1  |
| Some difficulty (it depends on the situation and persons you are communicating with) | 2  |
| A lot of difficulty  | 3  |
| You cannot communicate without support or technology                                 | 4  |
| Prefer not to answer   | 99 |

2l. A **speech disability** - this affects the way a person speaks.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3l. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability?

|  |    |
|--|----|
| Always   | 1  |
| Often  | 2  |
| Sometimes (it depends on the situation and persons you are communicating with) | 3  |
| Rarely   | 4  |
| Never  | 5  |
| Prefer not to answer   | 99 |

4l. **[IF “RARELY”]** How much difficulty do you have speaking?

|  |    |
|--|----|
| No difficulty  | 1  |
| Some difficulty (it depends on the situation and persons you are communicating with) | 2  |
| A lot of difficulty  | 3  |
| You cannot speak at all  | 4  |
| Prefer not to answer   | 99 |

2m. **Language** - also known as a language-based disability, it affects a person’s ability to understand and use spoken, signed and written language.

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don’t know       | 99 |

3m. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people’s attitudes towards you - limits your inclusion in society because of this disability?

|  |    |
|--|----|
| Always   | 1  |
| Often  | 2  |
| Sometimes (it depends on the situation and persons you are communicating with) | 3  |
| Rarely   | 4  |
| Never  | 5  |
| Prefer not to answer   | 99 |

4m. **[IF “RARELY”]** How much difficulty do you have with your language-based disability?

|  |    |
|--|----|
| No difficulty  | 1  |
| Some difficulty (it depends on the situation and persons you are communicating with) | 2  |
| A lot of difficulty  | 3  |
| You cannot use or understand language at all   | 4  |
| Prefer not to answer   | 99 |

2n. Do you believe you have any **other type of disability**, other health problem, or temporary, episodic or long-term condition that has lasted or is expected to last for six months or more? If so, please describe it.

|                             |    |
|-----------------------------|----|
| Yes, please describe: _____ | 77 |
| No                          | 2  |
| Refuse to Answer            | 98 |
| Don't know                  | 99 |

3n. **[IF “YES”]** How often would you say the world around you - for example physical spaces, technology, or people's attitudes towards you - limits your inclusion in society because of this disability?

|                      |    |
|----------------------|----|
| Always               | 1  |
| Often                | 2  |
| Sometimes            | 3  |
| Rarely               | 4  |
| Never                | 5  |
| Prefer not to answer | 99 |

#### Accessible Canada Act

33. Have you seen, read, or heard anything about the Government of Canada's *Accessible Canada Act*?

|                  |    |
|------------------|----|
| Yes              | 1  |
| No               | 2  |
| Refuse to Answer | 98 |
| Don't know       | 99 |

34. **[ASK IF YES]** What can you remember about this Act? What comes to mind?

|                                 |    |
|---------------------------------|----|
| ENTER RESPONSE HERE             | 77 |
| Refuse to answer                | 98 |
| Don't know / Can't think of any | 99 |

## Experiences with Federal Sector Organizations

This next part is about services, programs, and products that are provided by federal sector organizations. As you would expect, this includes services and programs delivered by the Government of Canada but also includes services and products from businesses and other organizations that are regulated by the federal government. This would be things like banks, courier and mail services, ferries, airlines, and interprovincial railroads and bus lines – that is, railroads and bus lines that travel across provincial borders. It also includes radio and television stations, Internet service companies, and First Nations band councils.

### i. DESIGN AND DELIVERY OF PROGRAMS AND SERVICES

35. Let's start by asking about any **services and programs** you may have used or accessed from these types of organizations over the past 2 years.

First, how do you like to access the services or programs from federal sector organizations?  
[\[ACCEPT ONLY ONE ANSWER\]](#)

**REMINDER:** “Federal sector organizations” include banks, courier and mail services, ferries, airlines, interprovincial rail and bus travel, radio and television stations, Internet service companies, and First Nations band councils. They also include all services and programs offered by the Government of Canada.

|                         |    |
|-------------------------|----|
| In person               | 1  |
| Telephone               | 2  |
| Online                  | 3  |
| Mail                    | 4  |
| Other – please specify: | 77 |

36. Now, we would like to know about any accessibility or other accommodations you may have needed when you were accessing services or programs from federal sector organizations. Over the past 2 years, how many times have you needed the following kinds of accommodations when accessing the services or programs from federal sector organizations?

**REMINDER:** “Federal sector organizations” include banks, courier and mail services, ferries, airlines, interprovincial rail and bus travel, radio and television stations, Internet service companies, and First Nations band councils. They also include all services and programs offered by the Government of Canada.

- Documents in accessible formats such as Braille, large print, or that work with computer programs that read text or documents out loud, etc.?
- Documents in Plain Language? For example, documents that are easy for people to read and understand.
- More time to complete a form or an application?

- d) An accessible website? In other words, a website which is easy to use and designed so that everyone, including persons with disabilities, can use it.
- e) Help completing forms? This includes intervenors, direct support professionals or other communications supports. An intervenor is someone who specializes in assisting persons with both hearing and vision loss.
- f) Sign language interpretation services or sign language videos?
- g) Oral interpretation services? This is a person who repeats a speaker's words silently to assist people who read lips.
- h) Accommodation for a service animal such as guide dogs, therapy animals, or other service animals?
- i) The use of an assistive device? Assistive devices are devices used to assist a person to perform a particular task. E.g., voice recognition software that converts spoken words into text; text to audio – that is programs that read text out loud; mobility aids; hearing aids; computers; computer-electronic assistive devices; tools; devices that have been modified to make them easier to use, etc.

|                  |    |
|------------------|----|
| Always           | 1  |
| Often            | 2  |
| Sometimes        | 3  |
| Rarely           | 4  |
| Never            | 5  |
| Not applicable   | 97 |
| Refuse to answer | 98 |
| Don't know       | 99 |

Q8x. Thinking about the past 2 years again, have you needed any other type of accommodation or accessibility requirement when you were accessing services or programs from federal sector organizations?

|                             |    |
|-----------------------------|----|
| Yes, please describe: _____ | 77 |
| No                          | 2  |
| Refuse to Answer            | 98 |
| Don't know                  | 99 |

ii. COMMUNICATION OTHER THAN INFORMATION AND COMMUNICATION TECHNOLOGIES

37. Now there are a couple of questions about printed materials you may access or receive from federal sector organizations.

First, thinking about things like books, letters, forms, posters, online content or other communications materials, how often do you need federal sector organizations, including the Government of Canada, to make these materials available in accessible formats?

**REMINDER:** “Federal sector organizations” include banks, courier and mail services, ferries, airlines, interprovincial rail and bus travel, radio and television stations, Internet service companies, and First Nations band councils. They also include all services and programs offered by the Government of Canada.

|                  |    |
|------------------|----|
| Always           | 1  |
| Often            | 2  |
| Sometimes        | 3  |
| Rarely           | 4  |
| Never            | 5  |
| Refuse to answer | 98 |
| Don't know       | 99 |

38. **[If SOMETIMES/OFTEN/ALWAYS]** Which of the following accessible formats do you need?  
**SELECT ALL THAT APPLY**

|  |    |
|--|----|
| Large print  | 1  |
| E-books  | 2  |
| Braille  | 3  |
| Closed captioning  | 4  |
| Plain language – in other words, text that someone can easily read and understand. | 5  |
| Text to speech compatible  | 6  |
| Audio version  | 7  |
| Sign language version  | 8  |
| Do you need any other format? Please specify: _____                                | 77 |
| Refuse to answer   | 98 |
| Don't know   | 99 |

iii. BUILT ENVIRONMENT

39. This question is about just getting into and around different places. Thinking again about the last two years, how often have you experienced barriers that limited your ability to move in and around the following places: **[RANDOMIZE LIST]**

- a) Government buildings, such as Service Canada centres, etc.
- b) Public buildings, such as libraries, community buildings, city hall, etc.
- c) Public spaces, such as sidewalks and parks
- d) Your place of work
- e) Large retail stores and chain stores
- f) Shopping centres
- g) Medical offices including walk-in clinics, hospitals, etc.
- h) Restaurants
- i) Movie theatres
- j) Small and independent local stores or shops
- k) Friends or other people's houses you visited

|                  |    |
|------------------|----|
| Always           | 1  |
| Often            | 2  |
| Sometimes        | 3  |
| Rarely           | 4  |
| Never            | 5  |
| Not applicable   | 97 |
| Refuse to answer | 98 |
| Don't know       | 99 |

iv. INFORMATION AND COMMUNICATION TECHNOLOGIES

40. Do you have access to the Internet at home?

|     |   |
|-----|---|
| Yes | 1 |
| No  | 2 |

41. **[IF NO]** Could you explain the reasons you do not have Internet at home?

|                     |    |
|---------------------|----|
| ENTER RESPONSE HERE | 77 |
| Don't know          | 99 |



42. The next few questions are about “barriers to accessibility.” This is anything that might prevent a person with a disability from full and equal participation in society. It could be a physical barrier, a communication barrier, an attitude barrier, a technology barrier, or a barrier caused by a policy or a practice.

And over the past 2 years, how often did you experience the following technology barriers because of an accessibility issue? By this we mean...

a. ...there was a barrier to using a website?

For example, the website had no alternate text or would not work with an accessibility device.

b. ...there was a barrier to using a cellphone or accessing a wireless service?

This refers to any barrier using a device or service obtained in Canada. Wireless Services include: Retail mobile wireless voice and data services.

c. ...there was a barrier to using self-service technology in a public place? For example, while using an ATM, a self-service checkout, or an information kiosk.

d. ...there was a barrier to watching cable TV?

Examples of barriers could include inadequate closed captioning, lack of described video or sign-language programming, among others.

e. ...there was a barrier to watching a show on a streaming service such as Netflix, AppleTV, Crave, Amazon Prime, or a similar service?

Examples of barriers could include inadequate closed captioning, lack of described video or sign-language programming, among others.

f. There was a barrier to watching a video on the internet, for example on YouTube, Facebook, other social media or websites?

Examples of barriers could include inadequate closed captioning, lack of described video or sign-language programming, among others.

|                  |    |
|------------------|----|
| Always           | 1  |
| Often            | 2  |
| Sometimes        | 3  |
| Rarely           | 4  |
| Never            | 5  |
| Not applicable   | 97 |
| Refuse to answer | 98 |
| Don't know       | 99 |

## Demographics

We have just a few final demographic questions that will be used to help us analyze the survey results. We want to remind you that your answers are completely confidential and anonymous and will only be used for analysis in combination with other survey respondents' answers as required by the *Privacy Act*. If at any time you are not comfortable with a question, you can skip it.

43. What is the highest level of formal education that you have completed?

|  |    |
|--|----|
| Grade 8 or less  | 1  |
| Some high school   | 2  |
| High School diploma or equivalent                                | 3  |
| Registered Apprenticeship or other trades certificate or diploma | 4  |
| College certificate or diploma                                   | 5  |
| Bachelor's degree  | 6  |
| Post graduate degree or certificate above bachelor's level       | 7  |
| Prefer not to answer   | 99 |

44. Which of the following categories describes your current employment status? **SELECT ALL THAT APPLY**

|  |    |
|--|----|
| Working full-time, that is, 30 or more hours per week            | 1  |
| Working part-time, that is, less than 30 hours per week          | 2  |
| Self-employed  | 3  |
| Unemployed, but looking for work                                 | 4  |
| A student  | 5  |
| Retired  | 6  |
| Not in the workforce (full-time homemaker, not looking for work) | 7  |
| Not in the workforce (due to a disability)                       | 8  |
| Other, please specify: _____                                     | 77 |
| Prefer not to answer   | 99 |

45. Do you self-identify as a member of the following groups? **SELECT ALL THAT APPLY**

|  |   |
|--|---|
| Visible minorities                                 | 1 |
| Indigenous Peoples (First Nations, Inuit or Métis) | 2 |
| LGBTQ2+  | 3 |
| None of the above                                  | 4 |
| Prefer not to answer                               | 9 |

46. Please select the category that best describes your total household income. That is, the total income of all persons in your household combined, before taxes.

|                                   |    |
|-----------------------------------|----|
| Under \$20,000                    | 1  |
| \$20,000 to just under \$40,000   | 2  |
| \$40,000 to just under \$60,000   | 3  |
| \$60,000 to just under \$80,000   | 4  |
| \$80,000 to just under \$100,000  | 5  |
| \$100,000 to just under \$150,000 | 6  |
| \$150,000 and above               | 7  |
| Refused                           | 99 |

47. To better understand how results vary by region, may we have your 6-digit postal code?

**[ACCEPT FIRST THREE DIGITS IF THAT IS ALL RESPONDENT IS WILLING TO GIVE]**

\_\_\_\_ \_ [FORMAT A4A 5B5]

999999 – DK/NA

Those are all the questions we had for you – thank you very much for your time and have a great day!

## Focus group recruitment screener

### Specifications

---

#### PRE-TEST FOCUS GROUPS

Participants will represent a mix of different types of disabilities (i.e. persons with vision impairments, persons with hearing impairments, persons with a communication disability, persons with a learning disability, persons with a developmental or intellectual disability, persons with a physical disability, persons with a disability who are also a seniors, persons with a mental health condition, persons with a disability that require a support person etc.).

- Recruit 6 participants per group, for 5 to 6 to show
- Participants to be paid \$80
- Sessions are 90 minutes
- Efforts will be made to recruit members of visible minorities and indigenous communities in each focus group
- Each focus group will have a mix of gender, age, and urban/ rural (i.e. two participants in each session should live in a town with a population no higher than 30,000)

#### Pretest Group 1 [FRENCH]

**Ontario, Quebec and New Brunswick**  
**Mild disabilities**  
March 16  
5:30 pm EST

#### Pretest Group 2 (English)

**Prairies / BC**  
**Moderate to severe disabilities**  
March 16  
5:00 pm PST

**IMPORTANT – ONLY THE FOCUS GROUP APPROACH WILL BE PRE-TESTED. IF SOMEONE PREFERS A ONE-ON-ONE INTERVIEW WHILE RECRUITING FOR THE PRE-TEST, THEY WILL BE RECONTACTED ONCE A ONE-ON-ONE INTERVIEW SCHEDULE IS PREPARED**

## Core Focus Groups

Participants will represent a mix of different types of disabilities (i.e. persons with vision impairments, persons with hearing impairments, persons with a communication disability, persons with a learning disability, persons with a developmental or intellectual disability, persons with a physical disability, persons with a disability who are also a seniors, persons with a mental health condition, persons with a disability that require a support person etc.).

- Recruit 6 participants per group, for 5 to 6 to show
- Participants to be paid \$80
- Sessions are 90 minutes
- Efforts will be made to recruit members of visible minorities and indigenous communities in each focus group
- Each focus group will have a mix of gender, age, and urban/ rural (i.e. two participants in each session should live in a town with a population no higher than 30,000)

## All times are stated in local area time unless specified otherwise.

|  |  |   |   |
|--|--|---|---|
| <b>Group 1</b><br><b>Atlantic</b><br><b>Mild disabilities</b>        | <b>Group 2</b><br><b>MB/ SK/ AB/ NWT</b><br><b>Moderate to severe</b><br><b>disabilities</b> | <b>Group 3</b><br><b>Ontario/ Nunavut</b><br><b>Mild disabilities</b> | <b>Group 4</b><br><b>Ontario/ Nunavut</b><br><b>Moderate to severe</b><br><b>disabilities</b> |
| April 11<br>5:00 pm ADT  | April 11<br>5:00 pm MDT  | April 12<br>5:00 pm EDT   | April 12<br>7:00 pm EDT   |
| <b>Group 5 [FRENCH]</b><br><b>Quebec</b><br><b>Mild disabilities</b> | <b>Group 6 [FRENCH]</b><br><b>Quebec</b><br><b>Moderate to severe</b><br><b>disabilities</b> | <b>Group 7</b><br><b>BC/ Yukon</b><br><b>Mild disabilities</b>        | <b>Group 8</b><br><b>BC/ Yukon</b><br><b>Moderate to severe</b><br><b>disabilities</b>        |
| April 13<br>5:00 pm EDT  | April 13<br>7:00 pm EDT  | April 9<br>11 am PDT  | April 14<br>5:00 pm PDT   |

## One-on-One Interviews

**15 individual interviews** will be used to address specific situations where participation in a focus group is challenging for any of the following reasons:

- A rural or remote location where an Internet connection makes participation in an online focus group challenging.
- The nature of the participant's disabilities makes a one-on-one interview more practical, or it is the only way they can participate.
- Individuals with certain types of disabilities are underrepresented in the focus groups (perhaps because they are very low incidence) and the flexible nature of one-on-one interviews can increase the representation of these individuals in the qualitative research.

It is expected that approximately 12 of these interviews will be in English and 3 will be in French.

## Questionnaire for telephone recruiting

---

### A. Introduction

Hello/ Bonjour, my name is [NAME]. I am calling from Quorus Consulting Group, a national public opinion research company. We're conducting a research study on behalf of the Government of Canada with people in your area. Would you prefer to continue in English or French? / Préférez-vous continuer en anglais ou en français?

**IF NEEDED FOR ACCESSIBILITY REASONS:** There are multiple ways participants can complete this screening survey, including:

- an accessible online survey;
- scheduling a telephone interview at a specific time;
- using VRS, IP relay or TTY service to call and schedule a telephone interview;
- emailing to request a VRS, IP relay or TTY interview;
- requesting a physical copy of the questionnaire via email; or,
- letting us know if you require another accessibility option.

**[INTERVIEWER NOTE: IF SOMEONE IS ASKING TO PARTICIPATE IN FRENCH/ ENGLISH BUT NO GROUP IN THIS LANGUAGE IS AVAILABLE IN THIS AREA, CONSIDER RECRUITING AS AN INDIVIDUAL INTERVIEW.]**

As I was saying – we are conducting research on behalf of the Government of Canada to explore opinions and experiences that Canadians with a disability might have regarding some of the accessibility barriers they face.

Participation is completely voluntary and your decision to participate or not will not affect any relationship you may have with the Government of Canada. We are interested in your opinions and your experiences. No attempt will be made to sell you anything and at no point will you be asked to share personal information. We are not asking you to participate right now – at this stage we are simply reaching out to invite Canadians to focus groups and interviews scheduled for mid April. People who take part will receive a cash gift to thank them for their time. No matter how you participate, all your opinions will remain anonymous and confidential and will be used for research purposes only in accordance with laws designed to protect your privacy.

**[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: “The information collected through the research is subject to the provisions of the *Privacy Act*, legislation of the Government of Canada, and to the provisions of relevant provincial privacy legislation.”]**

- Before we invite anyone to attend, we need to ask you a few questions to ensure that we get a good mix of people in each of the groups. This will take 5 minutes. May I continue?

|     |   |                           |
|-----|---|---------------------------|
| Yes | 1 | <b>CONTINUE</b>           |
| No  | 2 | <b>THANK/ DISCONTINUE</b> |

## B. Qualification

- Do you or does anyone in your immediate family or household work in any of the following areas?  
[READ LIST]

|   | Yes | No |
|---|-----|----|
| a) A marketing research firm                                | 1   | 2  |
| b) A magazine or newspaper, online or print                 | 1   | 2  |
| c) A radio or television station                            | 1   | 2  |
| d) A public relations company                               | 1   | 2  |
| e) An advertising agency or graphic design firm             | 1   | 2  |
| f) An online media company or as a blog writer              | 1   | 2  |
| g) The government, whether federal, provincial or municipal | 1   | 2  |

### IF “YES” TO ANY OF THE ABOVE, THANK AND TERMINATE

- As I indicated earlier, this study focuses on the opinions and experiences that Canadians with a disability might have regarding some of the accessibility barriers they face.

The Government of Canada uses a specific list of conditions to determine if someone has a disability. These disabilities could be permanent, temporary, or episodic – meaning that they change over time. Please answer YES or NO if you have had any of the following types of disability.

|  | Yes | No |
|--|-----|----|
| a) <b>Seeing</b> - also known as visual impairment, it affects a person’s ability to see - even when wearing glasses or contact lenses   | 1   | 2  |
| b) <b>Hearing</b> - also known as deaf <sup>3</sup> or hard of hearing, it affects a person’s ability to hear - even when choosing to use devices like hearing aids or cochlear implants | 1   | 2  |
| c) <b>Mobility</b> - a type of physical disability, it affects a person’s ability to move  | 1   | 2  |
| d) <b>Flexibility</b> - also known as a physical disability, it affects a person’s ability to move their joints  | 1   | 2  |
| e) <b>Dexterity</b> - also known as a physical disability, it affects a person’s ability to do tasks, especially with their hands  | 1   | 2  |

<sup>3</sup> For online version this should be presented as: D/deaf

|   |   |   |
|---|---|---|
| f) <b>Pain</b> - also known as chronic pain syndrome or disability, it affects a person's ability to function due to pain<br>[IF NEEDED: Pain that continues over a long period of time and disrupts your life.]  | 1 | 2 |
| g) <b>Learning</b> - also known as learning disabilities, it affects the way a person receives, understands, and uses information<br>[IF NEEDED: Learning disabilities can include Dyslexia, Aphasia, Hyperactivity, Dyscalculia, dysgraphia, Attention Deficit and Hyperactivity Disorder, etc.]   | 1 | 2 |
| h) <b>Developmental</b> - also known as intellectual disabilities, it affects a person's ability to learn and to adapt their behaviour to different situations.<br>[IF NEEDED: Has a doctor, psychologist or other health care professional ever said that you had a developmental disability? This may include Down syndrome, autism, Asperger syndrome, etc.]             | 1 | 2 |
| i) <b>Memory</b> - also known as a memory disability, it affects a person's ability to remember information.<br>[IF NEEDED: do you have a disability that regularly affects how you remember things?]   | 1 | 2 |
| j) <b>Mental health-related</b> – also known as mental illness, it affects a person's psychology or their behavior, in other words it affects their ability to think, their emotions, and their behaviour.  | 1 | 2 |
| k) A <b>communications disability</b> – this affects a person's ability to receive, understand, and respond to communication from others.<br>[IF NEEDED: This includes people not knowing how to communicate with you and people not understanding what you are saying but <u>does not</u> refer to a situation where you are not sufficiently fluent in a given language.] | 1 | 2 |
| l) A <b>speech disability</b> - this affects the way a person speaks.   | 1 | 2 |
| m) <b>Language</b> - also known as a language-based disability, it affects a person's ability to understand and use spoken, signed, and written language.   | 1 | 2 |

4. Do you believe you have any other type of disability, other health problem, or temporary, episodic or long-term condition that has lasted or is expected to last for six months or more?

Yes, please describe it: \_\_\_\_\_ 77  
No 99

**IF "NO" TO ALL ITEMS IN Q3 AND IN Q4, THANK AND TERMINATE**

**RECRUIT A MIX OF DISABILITIES ACROSS ALL FOCUS GROUPS AND INTERVIEWS**



5. Considering all items to which you said “yes”, overall how much difficulty do you have with this/ these condition(s)? Would you say...**READ LIST**

|  |   |   |
|--|---|---|
| No difficulty  | 1 | <b>CATERGORIZE AS “MILD DISABILITY” (recruit a mix of code 1 and 2)</b>               |
| Some difficulty  | 2 |   |
| A lot of difficulty  | 3 | <b>CATERGORIZE AS “MODERATE TO SEVERE DISABILITY” (recruit a mix of code 3 and 4)</b> |
| Or would you say you cannot function without help or requiring some type of accommodation or support | 4 |   |

6. What is your gender identity? [If you do not feel comfortable disclosing, you do not need to do so] **[DO NOT READ LIST]**

|  |   |
|--|---|
| Male   | 1 |
| Female   | 2 |
| Non-binary                                     | 3 |
| Other gender identity – please describe: _____ | 4 |
| Prefer not to say                              | 9 |

**AIM FOR 50/ 50 SPLIT OF MALE AND FEMALE, WHILE RECRUITING OTHER GENDER IDENTITIES AS THEY FALL**

7. We are looking to include people of various ages in this study. May I have your age please?  
**RECORD AGE:** \_\_\_\_\_

**CATEGORIZE (INTERNAL USE ONLY – ASK ONLY IF NEEDED):**

|             |   |   |
|-------------|---|---|
| 18 to 24    | 1 | <b>RECRUIT A MIX ACROSS ALL GROUPS AND INTERVIEWS</b> |
| 25 to 34    | 2 |   |
| 35 to 44    | 3 |   |
| 45 to 54    | 4 |   |
| 55 to 64    | 5 |   |
| 65 to 74    | 6 |   |
| 75 or older | 7 |   |

8. Do you currently live in... **[READ LIST]**

|   |   |
|---|---|
| A city or metropolitan area with a population of at least 100,000 | 1 |
| A city with a population of 30,000 to just under 100,000          | 2 |
| A city or town with a population of 10,000 to just under 30,000   | 3 |
| A town or rural area with a population of less than 10,000        | 4 |

**FOR EACH GROUP, RECRUIT ~2 INDIVIDUALS WHO LIVE IN A CITY OR TOWN WITH A POPULATION OF NO MORE THAN 30,000 (Q8 = 3 or 4)**

9. We want to make sure we speak to a diversity of people. Do you identify as any of the following?
- |   |   |
|---|---|
| An Indigenous person (First Nations, Inuit or Métis)  | 1 |
| A member of an ethnocultural or a visible minority group other than an Indigenous person      | 2 |
| <b>[IF NEEDED: Ethnocultural means you identify as a member of a particular ethnic group]</b> |   |
| None of the above   | 3 |

**RECRUIT MEMBERS OF VISIBLE MINORITIES IN EACH GROUP AND APPROXIMATELY 5 - 6 MEMBERS OF INDIGENOUS COMMUNITIES ACROSS ALL FOCUS GROUPS AND INTERVIEWS COMBINED**

10. **[ASK ONLY IF Q9 = 2]** What is your ethnic background? **RECORD ETHNICITY:** \_\_\_\_\_

11. For this study, we are inviting Canadians to an online focus group to share their experiences and opinions. The format is an online group discussion using an application called Zoom – it would be led by a Quorus research professional with about six other participants invited the same way you are being invited. A stable high speed Internet connection and a computer, tablet or smartphone in a quiet room are necessary. The session would last 1 hour and 30 minutes (90 minutes in total) and participants would receive \$80 for their time and effort. Would you be able to participate in this type of online group discussion?

**IF NEEDED:** Although this is a videoconference, if you prefer, you can connect and participate by just using the audio portion of the meeting. **[PARTICIPANTS CAN CONNECT TO THE ZOOM GROUP SESSION USING THE LINK AND JUST USE THE AUDIO PORTION OR THEY CAN DIAL THE TOLL-FREE NUMBER TO CONNECT INTO THE GROUP VIA AUDIO]**

**IF NEEDED:** Is your high-speed internet connection stable enough for video streaming?

**IF NEEDED:** An online focus group discussion is when a group of people come together online on a website, and have a discussion led by a researcher on a topic of interest.

**IF NEEDED:** If you would typically need the help or support of someone else for this type of activity, they are welcomed to join you. Note that they would not receive the incentive of \$80 as well.

- |     |   |                  |
|-----|---|------------------|
| Yes | 1 | <b>GO TO Q15</b> |
| No  | 2 |                  |

12. What are the main reasons you feel you would not be able to participate in this type of online group discussion? **RECORD:** \_\_\_\_\_

**PROCEED TO Q13 IF:**

- REASONS RELATE TO ACCESS TO TECHNOLOGY (E.G. NO COMPUTER, NO STABLE OR HIGH SPEED INTERNET CONNECTION, ETC.) OR COMFORT WITH/ ABILITY TO USE TECHNOLOGY
- THE NATURE OF THE PARTICIPANT'S DISABILITIES MAKES A ONE-ON-ONE INTERVIEW MORE PRACTICAL, OR IT IS THE ONLY WAY THEY CAN PARTICIPATE
- REASONS RELATE TO NOT FEELING COMFORTABLE SHARING OPINIONS IN A GROUP ENVIRONMENT OR NOT WANTING TO TALK ABOUT THEIR DISABILITY OR ACCESSIBILITY BARRIERS/ CHALLENGES IN A GROUP ENVIRONMENT

**FOR ALL OTHER REASONS, THANK AND TERMINATE – IF UNCERTAIN, CONSULT YOUR SUPERVISOR**

**IF PARTICIPANT HAS A LOW INCIDENCE DISABILITY, STRONGLY CONSIDER FOR A ONE-ON-ONE INTERVIEW**

13. Thank you for your feedback. In that case, how comfortable would you feel participating in a 45-minute one-on-one conversation with one of the research consultants? Participants would still receive \$80 for their time and effort. Would you be able to participate if this were arranged?

**IF NEEDED:** If you would typically need the help or support of someone else for this type of activity, they are welcomed to join you. Note that they would not receive the incentive of \$80 as well.

- |     |   |                              |
|-----|---|------------------------------|
| Yes | 1 |                              |
| No  | 2 | <b>THANK &amp; TERMINATE</b> |

14. Would you prefer doing this type of interview over the telephone or would you prefer using an online video conference platform like Zoom?

- |           |   |
|-----------|---|
| Telephone | 1 |
| Web-based | 2 |

15. Do you require any other accommodations or assistance in order to participate in your focus group or interview? Please note that sometimes participants are asked to read text or write out answers during the discussion.

**NOTE:** Quorus can coordinate as needed the use of VRS, the use of a specific application, or sign language interpreters. As well, Quorus can conduct chat-based interviews as needed.

- |                              |   |
|------------------------------|---|
| Yes – please specify: _____  | 1 |
| No                           | 2 |
| Don't know/Prefer not to say | 9 |

16. Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

- |     |   |  |
|-----|---|--|
| Yes | 1 |  |
| No  | 2 | <b>GO TO “INVITATION” (SECTION C OR D)</b> |

17. When did you last attend one of these discussion groups or interviews?

- |                          |   |                              |
|--------------------------|---|------------------------------|
| Within the last 6 months | 1 | <b>THANK &amp; TERMINATE</b> |
| Over 6 months ago        | 2 |                              |

18. How many discussion groups or interviews have you attended in the past 5 years?

- |              |   |                              |
|--------------|---|------------------------------|
| Fewer than 5 | 1 |                              |
| Five or more | 2 | <b>THANK &amp; TERMINATE</b> |

**RECRUITER NOTE: WHEN TERMINATING AN INTERVIEW, SAY:** “Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours.”

## C. INVITATION TO PARTICIPATE – ONLINE FOCUS GROUPS

19. I would like to invite you to participate in an online focus group session where you will share your opinions and experiences with other participants. The discussion will be led by a researcher from the research firm, Quorus Consulting. The session will be recorded but your participation will be confidential. The group will be hosted using Zoom, taking place on [DAY OF WEEK], [DATE], at [TIME]. It will last 90 minutes (1 hour and 30 minutes). People who attend will receive \$80 to thank them for their time.

**[IF NEEDED:** An online focus group discussion is when a group of people come together online on a website, and have a discussion led by a researcher on a topic of interest.]

Would you still be interested and available to take part in this study?

- |     |   |                              |
|-----|---|------------------------------|
| Yes | 1 |                              |
| No  | 2 | <b>THANK &amp; TERMINATE</b> |

20. The discussion group will be video-recorded. These recordings are used to help with analyzing the findings and writing the report. The results from the discussions will be grouped together in the research report, which means that individuals will not be identified in anyway. Is this acceptable?

- |     |   |                              |
|-----|---|------------------------------|
| Yes | 1 |                              |
| No  | 2 | <b>THANK &amp; TERMINATE</b> |

21. Individuals from Employment and Social Development Canada (ESDC) and/ or the Government of Canada involved in this research project may be observing the session. They will not take part in the discussion, and they will not know your full name. Is this acceptable?

Yes 1

No 2 **THANK & TERMINATE**

22. Thank you. Just to make sure, the group will take place on **[DAY OF WEEK]**, **[DATE]**, at **[TIME]** and it will last 90 minutes (1 hour and 30 minutes). Following your participation, you will receive \$80 to thank you for your time. Are you interested and available to attend?

Yes 1

No 2 **THANK & TERMINATE**

To conduct the session, we will be using Zoom, which is videoconferencing software. **We will need to send you by email the instructions to connect.** The use of an Internet-connected computer, tablet, or smartphone and a quiet room are necessary.

We recommend that you click on the link we will send you a few days prior to your session to make sure you can access the online meeting that has been setup and repeat these steps at least 10 to 15 minutes prior to your session.

As we are only inviting a small number of people, your participation is very important to us. If for some reason you are unable to participate or you have technical issues preventing your participation, please call so that we may either help you, or get someone to replace you – you cannot choose your own replacement if you cannot attend. You can reach us at **[INSERT NUMBER]** at our office. Please ask for **[INSERT NAME]**.

So that we can contact you to remind you about the focus group or in case there are any changes, can you please confirm your name and contact information for me? **[READ INFO AND CHANGE AS NECESSARY.]**

First name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Day time phone number \_\_\_\_\_

Night time phone number \_\_\_\_\_

Thank you!

If the respondent refuses to give his/ her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. If they still refuse THANK & TERMINATE.

## D. INVITATION TO PARTICIPATE – INDIVIDUAL INTERVIEWS

23. I would like to invite you to participate in a one-on-one interview with a researcher from the national public opinion research firm, Quorus Consulting. The session will be audio-recorded but your participation will be confidential. We have openings on the following dates and times [**PROVIDE OPTIONS AND SELECT ONE OPTION**]. It will last 45 minutes and you will receive \$80 to thank you for your time.

Would you still be interested and available to take part in this study?

Yes 1

No 2 **THANK & TERMINATE**

24. The interview will be recorded. These recordings are used to help with analyzing the findings and writing the report. The results from the discussions will be grouped together in the research report, which means that individuals will not be identified in anyway. Is this acceptable?

Yes 1

No 2 **THANK & TERMINATE**

25. Individuals from Employment and Social Development Canada (ESDC) and/ or the Government of Canada involved in this research project may be observing the session. They will not take part in the discussion, and they will not know your full name. Is this acceptable?

Yes 1

No 2 **THANK & TERMINATE**

26. Thank you. Just to make sure, your interview will take place on [**DAY OF WEEK**], [**DATE**], at [**TIME**] and it will last 45 minutes. Following your participation, you will receive \$80 to thank you for your time. Are you interested and available to attend?

Yes 1

No 2 **THANK & TERMINATE**

As we are only inviting a small number of people, your participation is very important to us. If for some reason you are unable to participate or you have technical issues preventing your participation, please call so that we may either help you, or get someone to replace you – you cannot choose your own replacement if you cannot attend. You can reach us at [**INSERT NUMBER**] at our office. Please ask for [**INSERT NAME**].

So that we can contact you to remind you about your interview or in case there are any changes, can you please confirm your name and contact information for me? **[READ INFO AND CHANGE AS NECESSARY.]**

First name \_\_\_\_\_

Last Name \_\_\_\_\_

Email (OPTIONAL) \_\_\_\_\_

Day time phone number \_\_\_\_\_

Night time phone number \_\_\_\_\_

Thank you!

If the respondent refuses to give his/ her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. If they still refuse THANK & TERMINATE.

## Focus group moderation guide

### Introduction to Procedures (10 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/ firm and welcome participants to the focus group.
  - Thanks for attending.
  - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of the Government of Canada.
  - Through the questions we asked you when we invited you to this session, you helped us understand that you have a disability. For some of you this disability might have very little impact on your day to day activities whereas for others the impact is more severe. Today we will be discussing different ways in which you may experience certain types of accessibility barriers, and we'll get your thoughts on possible solutions to identify, prevent, and remove those barriers.
  - The discussion will last approximately 90 minutes.
  - If you have a cell phone or other electronic device, please turn it off, unless you need to use it as an assistive device for this conversation.
  - Speaking of accessibility barriers, our intention is that this discussion should be barrier-free. When we invited you to this discussion, we worked to ensure that everyone could participate. Is anyone still experiencing a barrier to participation? **[IF YES, QUORUS STAFF WILL COORDINATE WITH THE PARTICIPANT OR ANY EXTERNAL SUPPORT/SERVICE PROVIDER TO RESOLVE THE BARRIER]**
- Describe focus group.
  - A discussion group is a “round table” discussion, meaning we will discuss something and everyone has an equal chance to express an opinion. We may also be asking you to answer survey questions from time to time to help guide the discussion.
  - My job is to facilitate the discussion, keeping us on topic and on time.
  - Your job is to offer your opinions on the topics I'll be presenting to you tonight/ today.
  - Your honest opinion is valued. There are no right or wrong answers. This is not a knowledge test.
  - Everyone's opinion is important and should be respected.
  - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other Canadians.
  - To participate in this session, please make sure I can see and hear you and that you can hear and/or see me clearly. If you are not speaking, I would encourage you to mute



your line to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!

- We might use the chat function. [MODERATOR EXPLAINS HOW TO ACCESS THE ZOOM CHAT FEATURE DEPENDING ON THE DEVICE THE PARTICIPANT IS USING]. Let's do a quick test right now - please open the chat window and send the group a short message (e.g., Hello everyone). If you have an answer to a question and I don't get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.
- Explanations.
  - Please note that our report will summarize the many themes and trends that we hear across all the focus groups and interviews we are doing. While we might use participant quotes from time to time, the names of participants are never used in the analysis or the reporting of the research findings. Please do not provide any identifiable information about yourself.
  - The report will be accessible and posted on the Library of Parliament or Library and Archives Canada website six months after all research for this project is complete.
  - Your responses will in no way affect your relationship with the Government of Canada or the services they provide you.
  - The session is being audio-video recorded for report writing purposes/ verify feedback.
  - Some of my colleagues as well as Government of Canada employees involved in this project are watching this session and this is only so they can hear the comments first-hand.
- Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.

Any questions?

**INTRODUCTIONS:** Let's go around – please tell us your name and a little bit about yourself, such as where you live, who lives with you, what you do for a living, etc.

## GENERAL QUESTIONS REGARDING ACCESSIBILITY (10 minutes)

1. What comes to your mind when you think of “disability”? ...in your own words, what does this mean to you?
2. What does the word “accessibility” mean to you? ...for instance, when you are told that something is “accessible”, what does this mean to you?
  - Can you give a few examples, preferably based on your own experiences?
3. And now, what do you consider a “barrier to accessibility”?
  - Can you give a few examples, preferably based on your own experiences?
4. I’d like you to please take a minute to write down in the chat / think about a solution to help reduce accessibility barriers that persons with disabilities experience.
  - What are some of your suggestions?

## DRILL DOWN INTO EACH PRIORITY AREA (60 minutes)

### A. *Information and Communication Technologies (15 minutes)*

As I explained earlier, we will look at different areas of your daily activities and explore whether you face any particular types of accessibility barriers and what you might suggest as possible solutions.

The first area I’d like to discuss is accessing the Internet, which, for many Canadians, is how they access all kinds of information and how they communicate with others.

Let’s focus first on using the Internet to access information – we will discuss using the Internet to communicate a bit later.

1. Tell me a little bit about your use of the **Internet at home**...
  - What kinds of barriers do you encounter...
    - i. ...when accessing online content or using online features?
    - ii. ...with some of the devices you use?
    - iii. **[PROBE IF NOT ALREADY MENTIONED]** Is cost of high-speed internet access a barrier to you?

- Are there types of online content that you avoid because of an accessibility barrier? ...please explain.
- Are there types of devices that you avoid because of an accessibility barrier? ...please explain.
- **[TIME PERMITTING]** Now let's take a step back and consider the various barriers you encounter when accessing the Internet from home – how do you feel these barriers could be removed? How could they be prevented in the future?

2. I'd like to focus on **Government websites** you might have used or tried to use over the past 2 years...

- Can you think of any examples when the experience was positive? Which website was it and what made it a positive experience?
- Can you think of any examples when you feel you had more difficulty, or you may have encountered a barrier? Which website was it and what type of difficulty / barrier did you experience?
- How do you feel these barriers could be removed? How could they be prevented in the future?

3. Do you use any **assistive devices** to help you communicate, work, or access the Internet at home or at work? If so, which ones? Please explain.

- **[PROBE IF NOT ALREADY MENTIONED]** How much of an issue is the cost of **assistive devices** to help you access the Internet at home or at work?

### *B. Communication Other Than ICT (20 minutes)*

I would now like to discuss the types of barriers persons with disabilities experience in their daily communication with families, friends, co-workers, professionals and service providers. This includes communication you might have face-to-face, on the phone, through written materials, and using technology like email, chat features on cellular phones or computers, so on and so forth.

1. What are some examples of accessibility barriers you experience when communicating with...
  - Friends and family?
  - Organizations? Examples here include your local grocery store, your bank, your pharmacy, your church, the school your children attend, your local community centre, etc.

2. What about when it comes to communicating with Government of Canada staff?

- The Government of Canada offers programs and services. Have you had difficulty accessing programs or services because a given federal government agency or department did not offer adequate accessible formats or accessible forms of communication?
  - i. Can you please give me an example? And, if so, how do you feel this limited your daily activities or your inclusion in society?

3. Sometimes federal government agencies and departments provide what are called “plain language materials.” Have any of you ever heard that term before? ...what do you think it means?

**MODERATOR TO READ:** There are different definitions of plain language. Put simply, plain language is communication that someone can understand the first time they read or hear it.

- In your opinion, are the materials from federal government agencies or departments easily understood?
- Are plain language materials provided in manner that can easily be understood?
- 4. Let’s take a step back and consider how you communicate with or receive communication from government agencies and departments - how could that overall experience be improved? ...how could communication barriers be prevented in the future?
- 5. An area of particular interest to the federal government is how effective it is at communicating emergencies to all Canadians, including those with disabilities.

Emergencies include such things as natural disasters, health crises, national safety emergencies, so on and so forth. This is also an area of interest for federally-regulated businesses, like banks, airlines, VIA Rail, and telephone and Internet service providers among others.

- Do you have any feedback on how well federal organizations and federal businesses communicate emergencies? What have your experiences been like?
- How do you feel this could be improved for people with disabilities?

### *C. The Built Environment and Procurement of Goods, Services, and Facilities (15 minutes)*

It's time to shift gears a bit – it's time to go shopping!

1. I'd like you to think about some of the stores you might visit or some of the products you tend to buy regularly. Are there any barriers you encounter that you feel are related to any disability you have?
  - Give me a few examples to help me understand this a bit.
  
2. Let's focus on federal-regulated businesses like **[SHOW ON SCREEN]** banks, airlines, VIA Rail, ferries, Canada Post, telephone and Internet service providers and radio and television stations.
  - Do you encounter any barriers when it comes to purchasing products or services from these types of organizations? Give me a few examples to help me understand this a bit.
  
3. Let's turn our attention to the products, services, equipment and facilities that different businesses or organizations need to operate, for example, public libraries, banks, government offices, etc. For instance, a library needs staff but also tables and chairs, computers, shelving, etc. Banks also need staff but also counters that tellers stand behind, they have ATMs, they have furniture inside the branch, they have offices, etc.

The list goes on and would be a bit different depending on the business or organization.

- Thinking about all the different types of businesses and organizations you might use in a typical year, how well do their spaces and "equipment" meet the needs of people with different types of disabilities and accessibility needs?
  
- Did you encounter any particular challenges? Give me a few examples to help me understand this a bit.
  
- How could those situations be fixed to better meet your accessibility needs?
  
- When businesses and organizations purchase office space, equipment, supplies, etc., this is called "procurement."

What are some ideas you might have to involve persons with disabilities in the procurement process of these types of organizations so that their spaces and products are designed to be barrier free and accessible?

4. Has your current workplace or anywhere you might have worked in the past made efforts to ensure workspaces and products are designed to be barrier free and accessible for employees?
  - To the best of your knowledge, is/was there any policy in place that includes information about purchasing goods, services and facilities that are accessible for people with disabilities?
  - Do you participate in your employer's procurement process or when it evaluates products for re-purchase?
    - i. **IF YES:** As far as you know, are the audits accessible? How could these audits be improved to better meet your needs?
    - ii. **IF NO:** Why are you not involved in your employer's procurement process and procurement audits? Is a lack of accessibility the reason for your exclusion? How could this process be improved to better meet your needs?

*D. Design and Delivery of Programs and Services for Persons with Disabilities (TIME PERMITTING - 10 minutes)*

Time to shift gears again.

As you may know, people with disabilities in Canada can access various federal, provincial or territorial government and non-governmental programs and services. These could include, for instance, income support, education, training programs provided to people with disabilities, etc.

1. Within the past 2 years, have any of you accessed any type of government or non-governmental program or service specifically designed for people with disabilities? ...can you please name it/ them?
2. How well did the program or service provider meet your accessibility needs? Did you encounter any particular barrier to access the program or service?

**IF BARRIERS WERE ENCOUNTERED:**

- Did you provide feedback or share a complaint with the program or service provider about the lack of accessibility?
- What was missing or how could that situation have been avoided? Was the issue resolved? If so, how?

**IF NEEDED:** Do you believe the service or program provider was trained properly to provide accessible programs and services? Would they have benefited from additional training, resources, skills, etc.?

3. Are you aware of any measures or plans to remove accessibility barriers for these types of programs and services? What have you heard?

### Wrap-up (2 minutes)

Before I let you go, is there any aspect related to accessing products and services for people with disabilities that you feel we should have discussed or would be important for me to understand?

Thanks again! The team that invited you to participate in this session will contact you regarding the manner in which you can receive the incentive we promised you.

**Thank you – have a nice evening!**

## **Annex – definitions to be used as needed by the moderator**

**Disability:** is any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society.

**Accessibility:** is the process of ensuring Canadians with disabilities have access, on an equal basis with others, to the physical environment, to employment, to transportation, to information and communications (including information and communications technologies and systems), and to other facilities and services open or provided to the public.

**Barrier:** is anything — including anything physical, architectural, technological or attitudinal, anything that is based on information or communications or anything that is the result of a policy or a practice — that hinders the full and equal participation in society of persons with an impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation.