

Accessibility survey

Please do not write your name. Tell us what made your visit easy or hard. Ask a member of staff if you would like this read aloud or in another format.

Place or event

Date

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

1 How did you use our service this time?

☐ In person ☐ Website or app ☐ At an event ☐ Phone or message

2 Do you have a disability, long-term condition or other access need?

☐ Yes ☐ No ☐ Prefer not to say

STATEMENT	STRONGLY DISAGREE			STRONGLY AGREE	
3 I could get where I needed to go.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4 I could do everything I came to do.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5 Information was in a form I could use.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6 I could get help in a way that worked for me.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7 I was treated with the same respect as anyone else.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8 I did not have to explain my needs more than once.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9 I knew how to ask for an accommodation or adjustment.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

10 What made things hardest for you?

☐ Getting in or around ☐ Finding or reading information ☐ Using the website or forms ☐ Getting help
☐ Nothing got in my way

11 What one change would make the biggest difference to you?

12 What already works well for you here?

Optional questions (1 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Buildings and venues

13 Could you use the main entrance?

☐ Yes, easily ☐ Yes, with difficulty ☐ No, I used another door ☐ No, I could not get in

14 Was there somewhere to park or be dropped off near the door?

☐ Yes ☐ No ☐ I did not need it

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
15 Aisles, counters and tables left me room to move.	1	2	3	4	5
16 I could find and use an accessible restroom.	1	2	3	4	5
17 Signs helped me find my way without asking.	1	2	3	4	5
18 I could find a quiet place when I needed one.	1	2	3	4	5
19 If the alarm had sounded, would you have known how to get out?					
☐ Yes ☐ Not sure ☐ No					

Websites, apps and online forms

20 Did you use any of these on our website or app? (tick all that apply)

☐ Screen reader ☐ Zoom or magnifier ☐ Keyboard only ☐ Voice control ☐ Captions
☐ None of these

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
21 Text was easy to read against its background.	1	2	3	4	5
22 Every button and link did what I expected.	1	2	3	4	5
23 Each form field told me what to enter.	1	2	3	4	5
24 Images and videos came with text or captions.	1	2	3	4	5
25 Did a time limit or a code check stop you?					
☐ No ☐ Yes, a time limit ☐ Yes, a picture or code check ☐ Yes, both					

Optional questions (2 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

At an event

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
26 Access details were clear before I booked.	1	2	3	4	5
27 I could follow what was said on stage.	1	2	3	4	5
28 My seat or space suited my needs.	1	2	3	4	5
29 There were enough breaks for me.	1	2	3	4	5
30 Which of these did you use? (tick all that apply)					
☐ Captions ☐ Sign language interpreter ☐ Hearing loop ☐ Quiet room ☐ Reserved seating					
☐ None of these					

Before a visit: access needs

31 Do you have any access needs we can plan for?

☐ Yes ☐ No ☐ Not sure yet

32 What can we arrange for you? (tick all that apply)

☐ Step-free route ☐ Wheelchair space ☐ Sign language interpreter ☐ Captions or hearing loop

☐ Large print ☐ Quiet space ☐ Companion ticket

33 Is there anything else that would help you take part?

34 How should we contact you about these arrangements?

☐ Email ☐ Text message ☐ Phone call ☐ No need to contact me

Optional questions (3 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Disability questions (Washington Group Short Set)

35 Do you have difficulty seeing, even if wearing glasses?

☐ No difficulty ☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all

36 Do you have difficulty hearing, even if using a hearing aid(s)?

☐ No difficulty ☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all

37 Do you have difficulty walking or climbing steps?

☐ No difficulty ☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all

38 Do you have difficulty remembering or concentrating?

☐ No difficulty ☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all

39 Do you have difficulty with self-care, such as washing all over or dressing?

☐ No difficulty ☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all

40 Using your usual language, do you have difficulty communicating, for example understanding or being understood?

☐ No difficulty ☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all