



Adult Services Survey

This survey is intended for those living with a diagnosed sight loss condition to ensure our services are meeting the needs of our community. If you do not have a related condition but would like to know more about our services please visit our website or email info@eyecan.je

* Required

1. Name *

2. Contact email *

3. Contact telephone number *

4. What are your diagnosed sight loss condition/s? *

- Macular conditions
- Blind- both eyes
- Blind- left eye
- Blind- right eye
- Head injury/ Stroke related
- Cataracts (all)
- Charles Bonnet Syndrome
- Retinal conditions
- Diabetic retinopathy
- Glaucoma
- Keratoconus
- Nystagmus
- Prosthetic eye
- Retinitis pigmentosa
- Other

5. Have you been certified as sight impaired? *

- Yes
- No
- Don't know

6. Have you ever been referred to, or had support from EYECAN? *

Yes

No

Current clients

7. How were you referred to EYECAN?

- By the Eye Clinic
- By your GP
- By another health professional
- Self referral

8. Have you been seen by the ECLO (Eye Clinic Liaison Officer) in the Hospital?

- Yes
- No
- Not sure

9. What support have you received from the ECLO?

10. Do you require support with daily living activities

- Yes
- No

11. If you require support with daily living activities who provides this to you?

12. What services have you accessed through EYECAN? Please tick all that apply

- Community Team
- Equipment purchase
- Welfare and Advocacy Services
- Financial support
- Social Club activities at Westlea Centre
- Social activities in the Community
- You and EYE drop in sessions
- Other

13. If you are currently accessing services how do you rate these?

- Excellent
- Good
- Average
- Fair
- Poor
- Very poor

14. If you are currently accessing services is there anything we can do to improve your experience?

15. If you are not currently accessing services, or would like to access other services, would you be interested in:

- Community Team support
- Equipment purchase
- Welfare and Advocacy Services
- Financial support
- Social Club activities at EYECAN
- Social activities in the Community
- Drop in sessions
- Life skills activities at EYECAN
- Peer support
- Volunteering

16. If you are not currently accessing services is there a reason for this and is there anything we could offer which you would access?

New clients

17. Do you attend the Eye Clinic?

Yes

No

18. Have you been seen by the ECLO (Eye Clinic Liaison Officer) in the Eye Clinic?

Yes

No

Not sure

19. What support did you receive from the ECLO?

20. Do you require support with daily living activities?

Yes

No

21. If you require support with daily living activities who provides this to you?

22. What do you know about EYECAN and its services, and how did you find this information out?

23. Would you be interested in receiving services and, if so, what would you be interested in?

I am not currently interested in receiving services

Community Team Support

Equipment purchase

Welfare & Advocacy Services

Financial Support

Social club activities at EYECAN

Social activities in the community

Drop in sessions

Life skills activities at EYECAN

Peer support

Volunteering

24. If you are not currently accessing services is there a reason for this?

25. Are there any services you would like to access that we do not currently offer?

General

26. Location- Where would you prefer to access services *

EYECAN's Westlea Centre (St. Martin)

St. Helier locations

Parish Halls & Community Centres

In own home

Community/ Public locations

27. What day or time of the week would you prefer to access services *

Weekday daytime

Weekday evening

Weekends

28. Do you experience barriers to accessing services and, if so, what are these?

29. If you are interested in social activities which would you be most interested in? Please tick all that apply *

- Small group social outings (to garden centres/ attractions)
- Gardening Club
- Art & craft activities and classes
- Walking or running groups
- Cards and Board Games
- Audio Book Club
- Cinema Club
- Rifle Shooting Club
- Sea swimming and water sports
- Music or dancing activities
- Peer support and social groups (blind in business forum, picnics, guest speaker events)
- History or writing groups
- Quiz Events
- Small group boat/ plane trips (Wetwheels/ Helping Wings)
- Ball sports clubs (football, petanque, bowls)
- Travel opportunities
- Wellbeing & Self Care sessions

30. Would you like to receive our monthly New Bulletins? *

Yes

No

31. Is there anything else you would like to add? *

32. I understand that I may be photographed while participating in social clubs, activities and outings with EYECAN. I understand that these photographs may be used for EYECAN marketing and advertising purposes, either in print, on the website or through social media. *

I consent to being photographed and images used for the sole purpose of promoting, advertising and marketing Jersey Blind Society t/a EYECAN.

I do not consent for my images to be used for the purpose of promoting, advertising and marketing Jersey Blind Society t/a EYECAN.

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