SECTION A

1. How old are you at present?  Age: ............. years

2. Which language do you generally speak at home?
   - English: 1
   - Afrikaans: 2
   - English and Afrikaans: 3
   - Other: 4

SECTION B

3. In which of the following do you live?
   - Farmhouse: 01
   - House in city or town: 02
   - Duet house: 03
   - Flat: 04
   - Room(s) in a hotel/boarding-house/hostel: 05
   - Room(s) in a house: 06
   - Room(s) in backyard: 07
   - Flat in backyard: 08
   - Home for the blind: 09
   - Home for the aged: 10
4 Does this dwelling unit belong to you (to you and your spouse, if you are married)? If so, do you still pay instalments or has it been paid for in full? If not, do you pay rent, and to whom?

Yes, respondent is owner paid for in full 1
of the dwelling unit and instalments are still payable 2
(it is):
No, respondent is not pays no rent 3
the owner and:
pays rent to a child 4
pays rent to a family member 5
pays rent to someone other than the above-mentioned 6 18

5 How is the household of which you are a member composed? Do you live alone or with other people? Who are they?

Alone in hotel room, flat, house, etc. 01
With child (for example live with married daughter) 02
A blind person WITHOUT spouse With grandchild (for example live with 03
married grandchild)
With parents 04
With family (for example brother, aunt) 05
With others - rents a room from people who are not family 06
Others live with you 07
Together on your own, in hotel room, house, etc. 08
With a child 09
A blind person with spouse With a grandchild 10
With family 11
With others, excluding family, in a rented room, house, etc. 12
Others live with you 13 19-20

(N.B. If the respondent can be placed in more than one of the above categories, he/she should be guided in the choice of an answer by the blood relationship and status within the household. In other words, if the blind person lives with a child as well as a grandchild, and the grandchild is the head of the household, this person should be indicated.)

6 How many persons share the bedroom or the room in which you sleep with you?

Sleep alone 1
One person 2
Two persons 3
Three or more persons 4 21

7 Who are these persons?

Sleep alone 1
Spouse 2
Child/grandchild 3
Child/grandchild and other person 4
Other person or persons (for example sister, friend) 5
Spouse and others 6 22

8 Are you satisfied or dissatisfied with your present dwelling?

Very satisfied 1
Reasonably satisfied 2
9 If you are dissatisfied (codes 3 and 4 above), what is the main reason for the dissatisfaction?

N.A. - am satisfied 0
Reason: 24

10 Is your name on a waiting list for admittance to a home for the blind? If not, what is your main reason for not being on such a list?

N.A. - already living in a home for the blind 0
Yes 1
No, Reason: 25

11 If you have not applied for admittance to a home for the blind, would you consider going to live in such a home if you should get the opportunity to do so? (N.A. - have already applied, or is already living in a home for the blind.)

N.A. 0
Yes 1
No 2 26

12 If you think that you would not consider such a possibility, why do you think so?

N.A. - have already applied/would probably never go/already live in a home for the blind 0
Reason: 27-28

SECTION C: MIGRATION

13 How long have you been living uninterruptedly in ................? 29

(FIELDWORKER: Write down the name of the city or town.)

My whole life 1
Less than a year 2
1-2 years 3
3-4 years 4
5-9 years 5
10-14 years 6
15-19 years 7
20-29 years 8
30 years and longer 9

The following questions deal with moving.
(FIELDWORKER: "Moving" refers throughout to moving to another city/town/rural area.)

14 How many times have you moved during the past five years? Did you move as a seeing or as a blind person?

<table>
<thead>
<tr>
<th>N.A. - did not move</th>
<th>Once</th>
<th>Twice</th>
<th>Three times</th>
<th>Four times or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blind</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

So you have moved ........ times during the past FIVE YEARS? 32
15 Did you move as a seeing or as a blind person the last time you moved?

- N.A. - have never moved: 0
- As a seeing person: 1
- As a blind person: 2

16 Where did you go the last time you moved?

- N.A. - have never moved: 0
- From one city to another city: 1
- From a town to a city: 2
- From a farm/smallholding to a city: 3
- From a city to a town: 4
- From one town to another town: 5
- From a farm/smallholding to a town: 6
- From a city to a farm/smallholding: 7
- From a town to a farm/smallholding: 8
- From a farm/smallholding to another farm/smallholding: 9

17 What was the main reason why you moved the last time?

- N.A. - have never moved: 0
- Reason for last move: 35

18 Have you had any problems that can be ascribed to your blindness to find accommodation the last time you moved?

- N.A. - have never moved/was not blind the last time I moved: 0
- No, did not experience any problems: 1
- Yes, experienced some problems (specify): 36

19 Who helped you to obtain accommodation the last time you moved, or did you find accommodation by yourself?

- N.A. - have never moved: 0
- Self (through an agent or advertisements): 1
- Spouse: 2
- Family: 3
- Friends: 4
- Club or association for the blind: 5
- Church: 6
- Other: 7

20 Did you find the move disruptive in terms of facilities such as shops, schools, church, bus stop, etc.? If so, was the disruption slight or upsetting?

- N.A. - have never moved: 0
- No, did not find the move disruptive: 1
- Yes, found the move disruptive to a limited extent (specify): 2
- Yes, found the move disturbingly disruptive (specify): 3

21 Have you found, after moving, that old friendships cooled down or even disappeared?

- N.A. - have never moved: 0
- No, old friendships remained unchanged after moving: 1
- Yes, old friendships changed (specify): 39
22 Did you make new friends after you moved and did you join clubs or associations for the seeing and/or the blind?

N.A. - have never moved 0
   No, did not make new friends 1
   Yes, made new friends after a time 2
Friends (for example after 6 months)
   Yes, soon made new friends (for example in less than 6 months) 3 40

N.A. - have never moved 0
   Clubs or associations for the blind No, there are no such facilities here 1
   No, was not interested 2
   for the blind Yes, did join 3 41

N.A. - have never moved 0
   Clubs or associations for the seeing No, there are no such facilities here 1
   No, was not interested 2
   for the seeing Yes, did join 3 42

SECTION D : FAMILY STRUCTURE

23 What is your current marital status?

   Never married 1
   Married 2
   Widow 3
   Married, but live apart 4
   Divorced 5 43

24 IF MARRIED AT THE MOMENT: Is your spouse also blind?

   N.A. - never married/not married at the moment/widow 0
   Yes 1
   No 2 44

25 How many times have you been married BEFORE? (Do not include your current marriage.)

   N.A. - never married/was not married before 0
   Once before 1
   Twice before 2
   Three or more times before 3 45

26 IF MARRIED NOW OR BEFORE:
   Were you blind before your marriage, or did you become blind after your marriage? (Refer to last or current marriage only.)

   N.A. - never married 0
   Was blind before marriage 1
   Became blind after marriage 2 46

27 IF MARRIED BEFORE:
   Was your previous spouse a blind or a seeing person? (FIELDWORKER: If the person has been married more than once, ask about last spouse only.)

   N.A. - never married/current marriage is the only marriage 0
   Previous spouse was blind 1
   Previous spouse could see 2 47
28a Which point on the scale below best describes the degree of happiness in your marriage, taking all aspects in account? The centre of the scale, "Happy", represents the degree of wedded bliss most people enjoy. On the one side of the scale are those few whose marriages have been very unhappy, and on the other end of the scale are those few who experienced absolute wedded bliss.

(1)       (2)     (3)     (4)     (5)     (6)      (7)  
-------------------------------------------------------
Very       Happy               Completely       unhappy  
                                                      happy  

28b Please indicate the extent to which you and your spouse more or less agree or differ on the following: (Please mark each column.)

<table>
<thead>
<tr>
<th></th>
<th>AA</th>
<th>AAA</th>
<th>SD</th>
<th>OD</th>
<th>AAD</th>
<th>AD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handling the family's finances</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Opportunities for recreation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Expressions of love</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Sexual relationships</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Usual behaviour (correct, good</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>or exceptional behaviour</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>View of life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Dealing with parents-in-law</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

When differences occur, it is usually
the husband                                   1
or the wife                                   2
who gives in, or mutual agreement is reached. 3

Do you and your spouse jointly participate in outside activities?

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very seldom</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you normally prefer to spend your free time
actively and on the go?  1
or at home?              2

Does your spouse normally prefer to spend free time
actively and on the go?  1
or at home?              2

Do you ever wish that you never married?

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Often</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seldom</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If you could live your life again, would you
marry the same person 1
or another person 2
or would you never marry? 3 62

Do you almost never 1
seldom 2
usually 3
always 4 63
take your spouse into your confidence?

29 Do you have any children (own, adopted, stepchildren)? If so, how many
of these children are still alive?

No, do not have any children 00
Yes. Number still alive: 64-65

30 Are any of these children still entirely dependent on you and/or your spouse?

N.A. - do not have any children 00
No, no dependent children 01
Yes. Number of dependent children: 66-67

31 Are any of your own children blind or partially sighted? If so, how many?

N.A. - do not have any children 00
No, no children are blind or partially sighted 01
Yes. Number blind: 68-69
Yes. Number partially sighted: 70-71

32 Have any one of these children been blind or partially sighted since birth?

N.A. - do not have any children 00
No, no children have been blind or partially sighted since birth 01
Yes. Number blind since birth: 72-73
Yes. Number partially sighted since birth: 74-75

(FIELDWORKER: Ask Question 33 only of those who answered "Yes" to Question 32.)

33 After the birth of your first blind or partially sighted child, did you
obtain advice about a possible repetition of the condition? If so, mainly from whom?

N.A. - Did not have a child or children who
were blind or partially sighted since birth 00
No, did not seek advice 01
from medical practitioner 02
from geneticist 03
Yes, from family planning clinic 04
from nurse 05
from others (specify): 76-77

(FIELDWORKER: Ask Question 34 only of those who answered "N.A." or "No"
to Question 32.)

34 Please imagine that you have/had a child or children who were blind or partially sighted since birth. Do you think that you would, under such circumstances, have sought advice about the possible repetition of the condition? If so, who would you have mainly consulted?
35 Have you ever, at any stage, sought genetic advice?

Yes 1
No 2

CARD NUMBER  2  1-2
RECORD NUMBER  3-5
PROJECT NUMBER S W 0 2 / 1 6-10

36 Are you aware of the genetic advisory service offered by the Department of Health, Welfare and Pensions?

Yes 1
No 2

37 From which of the media listed below did you learn of this genetic advisory service? (N.A. - have never heard of this service, in other words 2 above.)

<table>
<thead>
<tr>
<th>Media</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.A.</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Magazines</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Newspapers</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Brochures or pamphlets</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Doctors' books or books on home medical care</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other books</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Films</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Radio programmes</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Television programmes</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Lectures or formal presentations</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Informal discussions (family, friends)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other (specify):</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

38 Are you aware of the family planning services provided by the Department of Health, Welfare and Pensions?

Yes 1
No 2

39 From which of the media listed below did you learn of the family planning services? (N.A. - have never heard of these services, in other words 2 above.)

<table>
<thead>
<tr>
<th>Media</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.A.</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Magazines</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Newspapers</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Brochures or pamphlets</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Doctors' books or books on home medical care</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other books</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Films</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Radio programmes</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Television programmes 0 1 2 31
Lectures or formal presentations 0 1 2 32
Informal discussions
(family, friends) 0 1 2 33
Other (specify): 0 1 2 34

40 Is/was your father/mother blind?
Father and mother were blind 1
Only father was blind 2
Only mother was blind 3
No one was blind 5
Don't know 35

41 Are/were any of your brothers/sisters blind? If so, how many of them?
N.A. - do not have any brothers/sisters 00
No, no-one is blind 01
Don't know 02
Yes. Number blind: 36-37

42 Do you have other family members who are blind? If so, please describe.
No, no family members are blind 00
Don't know 01
Yes (specify): 38-39

43 Do you experience problems (did you experience problems) because of your blindness in raising or bringing up your children? If so, what are/were the two most important problems?
N.A. - do not have any children 0
No, did not experience any problems 1
Yes. The two most important problems are/were:
(a) .................................. 40
(b) .................................. 41

44 The following are a few questions about your family relationships. How often ...

N.A. - do not have any
children/school-going children NA
Often
Sometimes
Seldom if ever

<table>
<thead>
<tr>
<th></th>
<th>NA</th>
<th>Often</th>
<th>Somet</th>
<th>Sel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you help your children with their school work or problems?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Do you discuss your children's school work or problems with their teachers?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Do you participate in your children's activities or hobbies?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Do you undertake outings as a family, for example going to sports meetings, on picnics or to the theatre?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Do you have a &quot;family evening&quot;?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Do you attend religious meetings as a family?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
do you work together as a family in
and around the house? 0 1 2 3 48

45 Were you already blind when one or more of your children were born?

N.A. - do not have any children 0
No, was not yet blind 1
Yes, was blind 2 49

(FIELDWORKER: Ask Question 46 only to those people who were already
blind when a child was born. Otherwise use code 0. Other codes will
be added at the office.)

46 What did you do to carry out the following duties? Did you for example
receive assistance from someone, or did you execute these duties by
yourself?

Bathing the baby 50
Preparing bottles for the baby 51
Dressing the baby 52
Reading stories to the baby and the older children 53

47 What would you say are the reasons why blind women are less inclined
to get married than seeing women? Is it because of ...

Yes No
limited social contact with seeing people? 1 2 54
limited social contact with blind people? 1 2 55
aversion from seeing people? 1 2 56
inadequate guidance at schools or rehabilitation
centres for the blind? 1 2 57
a fear of blindness being hereditary? 1 2 58
Other (specify): 1 2 59

SECTION E : EDUCATION AND TRAINING

48 Which is the highest qualification you obtained at school?

None 0
Lower than Std. 5 1
Std. 5 2
Std. 6 or equivalent qualification 3
Std. 7 or equivalent qualification 4
Std. 8 or equivalent qualification 5
Std. 9 or equivalent qualification 6
Std. 10 or equivalent qualification 7 60

49 Do you hold any additional academic or professional qualifications?
If yes, please specify (degree/diploma/certificate).

No, no additional qualifications 1
Yes: 61

50 Which school for the blind did you attend?

N.A. - did not attend a school for the blind 0
School for the Blind, Worcester (Pioneers) 1
Prinshof School for the partially blind and
nursery school for the blind 2
Overseas school for the blind 3 62

51 How old were you when you went to a school for the blind for the first
time?
52 For how many years did you attend a school for the blind?

N.A. - never went to a school for the blind 00
Age: ................ years 63-64

53 Did you attend a school for seeing persons? If yes, how old were you
when you attended a school for the seeing for the first time?

N.A. - never attended a school for seeing persons 00
Yes. Age: ........... years 67-68

54 For how many years did you attend a school for seeing persons?

N.A. - never attended a school for seeing persons 00
Period: ............. years 69-70

55 What type of vocational training did you mainly receive at the school
for the blind? (Mark only the most important training.)

N.A. - never attended a school for the blind 00
Did not receive any training 01
Telephone switchboard 02
Knitting 03
Weaving 04
Secretarial course
  (dictaphone, typing and office routine) 05
Music 06
Other (specify): 07 71-72

(FIELDWORKER: "Vocational training" refers throughout to courses such
as those mentioned above.)

56 Would you have preferred some other type of vocational training? If so,
which type of vocational training would you have preferred?

N.A. - did not attend a school for the blind/did not receive
  vocational training in the school that I attended 0
No, would not have preferred another type of vocational
  training 1
Yes. Type of vocational training preferred: 73

57 If you would have preferred another type if vocational training,
for what reason?

N.A. - did not attend a school for the blind/did not receive
  vocational training in the school that I attended 0
No, would not have preferred another type of vocational
  training 1
Yes. Reason: 74

(FIELDWORKER: Question 58 should be asked only to those respondents
who did not attend a school for the blind, in other words Question 50,
Code 0.)

58 Have you ever received any vocational training (either at the school
for seeing pupils which you attended, or elsewhere)?

N.A. - attended a school for the blind 0
No, did not receive any vocational training 1
Yes. Type of vocational training received: 75
ASK EVERYONE AGAIN

59 Have you ever made use of your vocational training (received at the school for the blind, the school for seeing pupils which you attended, or elsewhere)? If not, what is the reason?

N.A. - did not receive any vocational training 0
Yes, have made use of the vocational training received 1
No, have not made use of the vocational training received. Reason: 76

60 Would you like to receive any further FORMAL TRAINING? If yes, what type of training? (Formal training refers to a degree, diploma or certificate course in a particular field.)

N.A. 0
No, would not like to receive any further formal training 1
Yes. Type of training I would like to receive:

CARD NUMBER 3
RECORD NUMBER 3-5
PROJECT NUMBER S W 0 2 / 1 6-10

61 Have you received training at a school for the blind in any of the following? (N.A. - did not attend a school for the blind.)

<table>
<thead>
<tr>
<th>Training</th>
<th>N.A.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition of money</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Writing out cheques</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Filling in official forms</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Choosing and buying clothes</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Care of clothing</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Make-up and personal care</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Washing and ironing</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Food processing and preparation</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Baby and child care</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Making a signature</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

62 Have you received training at a school for the seeing in any of the following? (N.A. - did not attend a school for the seeing.)

<table>
<thead>
<tr>
<th>Training</th>
<th>N.A.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition of money</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Writing out cheques</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Filling in official forms</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Choosing and buying clothes</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Care of clothing</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Make-up and personal care</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Washing and ironing</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Food processing and preparation</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Baby and child care</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Making a signature</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

63 Have you received training at any other centre or institution in any of the following? (N.A. - was never at any other centre or institution.)

<table>
<thead>
<tr>
<th>Training</th>
<th>N.A.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition of money</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
**SECTION F : OCCUPATION**

64 What is your current occupation? Is this position in the open market or is it sheltered employment? Are you unemployed and looking for work?

(FIELDWORKER: Probe if necessary.)

Type of work and place of work:

***************
* FOR OFFICE USE
* Work category 41
***************

65 Did you have a job when you became blind? If so, did you have to change jobs because of becoming blind?

N.A. - have never worked/was blind at the time of entering the labour market 0
No, did not work 1
Yes, was employed and had to change jobs after I became blind 2
Yes, was employed but it was not necessary to change jobs when I became blind - could continue in the same job 3
Yes, was employed but it was necessary to make some adjustments, for example in terms of work load, in order to stay in the same job 4 42

66 Did you have to undergo retraining when you became blind?

N.A. - have never worked 0
Was not employed before I became blind 1
Yes, had to undergo retraining 2
No, it was not necessary to undergo retraining 3
Did not work after I became blind 4 43

67 How old were you when you started work for the first time?

N.A. - have never worked 00
Age: ............ years 44-45

68 Were you seeing or blind when you started work for the first time?

N.A. - have never worked 0
Seeing 1
Blind 2 46

69 How long after you finally left school/university, etc., did you start working?

N.A. - have never worked/did not want
70 How did you obtain your current job?

N.A. - unemployed at present/do not work 00
Self-employed 01
Via information from friends or family 02
Friends or family put in a good word 03
In response to an advertised vacant position 04
Personal visit to employer 05
By writing to firms and applying for a position 06
Through registration at the Department of Labour 07
Through registration at a private employment bureau 08
Through mediation by the school for the blind which I attended 09
Through mediation by the local association for the blind 10
Through mediation by the South African Blind Workers' Organisation 11
Through mediation by the South African National Council for the Blind 12
Any other way (specify): 13 48-49

71 How satisfied are you with the work you do?

N.A. - have never worked/unemployed at present 0
Very satisfied 1
Reasonably satisfied 2
Somewhat dissatisfied 3
Very dissatisfied 4 50

72 Are there any other blind people at the place where you work?

N.A. - have never worked/unemployed at present 0
Yes 1
No 2 51

73 Do you have any problems regarding transport from your home to your work? If yes, what sort of problems do you experience? (Name only the most IMPORTANT problem.)

N.A. - have never worked/unemployed at present 0
No, no problems 1
Yes. Most important problem: 52

SECTION G : INCOME AND EXPENDITURE

74 What is your and/or your spouse's cash income per month (in rands)?

(FIELDWORKER: Income will be classified in categories at the office.)

Rands

Your income (from work) R 53-54
Your spouse's income R 55-56
Your income from: pension for the blind R 57-58
disability grant R 59-60
maintenance (for children) R 61-62
Your (and your spouse's) income from other sources, for example interest on investments, cash contributions, rent from lodgers, etc. R 63-64
TOTAL AMOUNT R 65-66

75 How much do you save every month?
I don't save anything 1
R 1-R19 2
R20-R29 3
R30-R39 4
R40 or more 5
I save only sporadically 6 67

76 Is your monthly income more than enough or enough to live on, or is it inadequate? If inadequate, with what amount should your monthly income in your opinion reasonably increase to be adequate to live on?
Income is more than enough to live on 1
Income is enough to live on 2
R 1-R29 p.m. 3
R30-R49 p.m. 4
Income is inadequate and should increase by:
R50-R69 p.m. 5
R70-R89 p.m. 6
R90-R99 p.m. 7
at least R100 p.m. 8
more than R100 p.m. 9 68

77 Would you say that you, because of your blindness, have additional expenses to those seeing persons normally have? If so, in what respect?
(FIELDWORKER: Ask questions about groceries, domestic help, transport, guide-dog expenses, apparatus, etc.)
No, no additional expenses 1
Yes: 69

78 Who in your household is responsible for the monthly budget?
N.A. - have no income 0
Self 1
Spouse 2
Self and spouse 3
Family 4
Friends 5
Other 6 70

79 Who normally does the shopping?
N.A. - no shopping is done 0
Self 1
Spouse 2
Children 3
Servant 4
Other 5 71

80 When is your shopping (groceries, meat, etc.) generally done? Is it daily, weekly, etc.?
N.A. - no shopping is done 0
Daily 1
Weekly 2
Monthly 3
When the need arises 4

81 Is your shopping mainly done at cafes or supermarkets, or elsewhere?

N.A. - no shopping is done 0
Cafes 1
Supermarkets 2
Elsewhere (specify):

SECTION H : SOCIAL CONTACT, FREE TIME AND RELIGIOUS ACTIVITIES

82 How often do your children contact you, for example by way of correspondence, visits or telephone calls?

N.A. - do not have any children 0
Live with children/children live with me 1
Daily 2
A few times per week 3
Once per week 4
A few times per month 5
Once per month 6
Once every two months or less 7

83 Are you satisfied with the number of times your children contact you?
If not, what is the main reason?

N.A. - do not have any children 0
Yes, satisfied 1
No. Main reason:

84 How often do you have contact with other family members (for example brothers, sisters, grandchildren) by way of correspondence, visits or telephone calls?

N.A. - do not have any family 0
Live with family/family lives with me 1
Daily 2
A few times per week 3
Once per week 4
A few times per month 5
Once per month 6
Once every two months or less 7

85 Are your friends mainly blind persons or seeing persons, or do you have the same number of friends from both groups?

N.A. - do not have any friends 0
Mainly blind persons 1
Mainly seeing persons 2
The same number from both groups 3

86 How often do you have contact with friends by way of correspondence, visits or telephone calls?

N.A. - do not have any friends 0
Daily 1
A few times per week 2
Once per week 3
A few times per month 4
Once per month 5
Once every two months or less 6

87 How important is it for you that people should visit you?
88 Do you often feel lonely? If yes, what is the reason?

No, do not often feel lonely   1
Yes. Reason:

CARD NUMBER 4  1-2
RECORD NUMBER 3-5
PROJECT NUMBER S W 0 2 / 1 6-10

89a Many people find that they cannot always do the things they really want to do in their free time, whereas others actually do those things. I would like you to name the five recreational activities that you would most like to exercise in your free time - in order of preference. (Assume that there are no practical problems to prevent you from doing those things.)

1. ........................................ 11
2. ........................................ 12
3. ........................................ 13
4. ........................................ 14
5. ........................................ 15

89b Which five recreational activities take up most of your free time at the moment (in order of preference)? (N.B. Activities such as eating and sleeping are not included here.)

1. ........................................ 16
2. ........................................ 17
3. ........................................ 18
4. ........................................ 19
5. ........................................ 20

(FIELDWORKER: If there are no differences in the answers to Question 89a and Question 89b, continue with Question 90. If there are differences, ask Question 89c.)

89c You have indicated the five activities that you would prefer exercising in your free time, as well as those things that you actually do. What would you say is the main reason why you cannot do the things that you would really like to do?

(FIELDWORKER: If N.A. - write 00.)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Reason why it cannot be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>21-22</td>
</tr>
<tr>
<td>2.</td>
<td>23-24</td>
</tr>
<tr>
<td>3.</td>
<td>25-26</td>
</tr>
<tr>
<td>4.</td>
<td>27-28</td>
</tr>
<tr>
<td>5.</td>
<td>29-30</td>
</tr>
</tbody>
</table>

90 The following is a list of fields of interest. Would you please indicate, in order of importance, the five fields that describe your free-time interests the best.

(FIELDWORKER: Write the answer on the following page.)

None 00
Religious or spiritual 01
Domestic (home, garden) 02
Fine arts (sculpting, painting) 03
Literary art (reading, writing, writing poetry) 04
Music (listening to music, composing, performing) 05
Philosophical or abstract thought 06
Practical activities (knitting, weaving, pottery) 07
Sport (bowls, walking, swimming) 08
In-house games (chess, cards) 09
Collection hobbies (books, records) 10
Other 11

(FIELDWORKER: Use the above codes to indicate choices.)

| None | 31-32 |
| First | 33-34 |
| Second | 35-36 |
| Third | 37-38 |
| Fourth | 39-40 |
| Fifth | 41-42 |

91 Do you actively take part in any type of sport? If yes, mainly which sport?

| No, do not take part in sport | 1 |
| Yes. Mainly: | 43 |

92 In which other types of sport do you actively take part?

| N.A. - do not take part in sport | 0 |
| Take part only in main sport (Question 91) | 1 |
| Other sport: | 44 |

93 When you take part in sport, is it mainly with blind persons or with seeing persons? Or do you take part with an equal number from both groups?

| N.A. - do not take part in sport | 0 |
| Mainly blind persons | 1 |
| Mainly seeing persons | 2 |
| An equal number from both groups | 3 | 45 |

94 Do you serve on any sport committee?

| Yes | 1 |
| No | 2 | 46 |

95 Can you read Braille? If not, would you like to learn?

| Yes, can read Braille | 1 |
| No, cannot read Braille and would like to learn | 2 |
| No, cannot read Braille and do not want to learn | 3 | 47 |

96 Do you use Braille mainly in your work or mainly in your free time?

| N.A. - do not use Braille/do not work | 0 |
| Mainly in my work | 1 |
| Mainly in my free time | 2 |
| In both | 3 |
| Neither in work nor in free time | 4 | 48 |

97 Do you make use of taped books and magazines? If not, what is the main reason?

| Yes | 1 |
| No. Reason: | 49 |
98. Which method do you mainly use for reading?

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.A. - never read</td>
<td>0</td>
</tr>
<tr>
<td>Mainly Braille</td>
<td>1</td>
</tr>
<tr>
<td>Mainly tapes</td>
<td>2</td>
</tr>
<tr>
<td>Braille and tapes</td>
<td>3</td>
</tr>
<tr>
<td>Optacon</td>
<td>4</td>
</tr>
<tr>
<td>Magnifying glasses</td>
<td>5</td>
</tr>
<tr>
<td>Reader</td>
<td>6</td>
</tr>
<tr>
<td>Large-print reading matter</td>
<td>7</td>
</tr>
<tr>
<td>Video reading aid</td>
<td>8</td>
</tr>
<tr>
<td>None/Other</td>
<td>9</td>
</tr>
</tbody>
</table>

99. Are you a member of a library for the blind? If not, would you like to become a member?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No, but would like to become a member</td>
<td>2</td>
</tr>
<tr>
<td>No, and would not like to become a member</td>
<td>3</td>
</tr>
</tbody>
</table>

100. Are you a member of an organisation and/or a club for the blind? If not, what is the main reason?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, am a member</td>
<td>1</td>
</tr>
<tr>
<td>No. Reason:</td>
<td>52</td>
</tr>
</tbody>
</table>

101. Are you a member of an organisation and/or a club for seeing persons? If not, please specify.

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, am not a member</td>
<td>1</td>
</tr>
<tr>
<td>Yes:</td>
<td>53</td>
</tr>
</tbody>
</table>

102. How often do you attend functions and meetings of an organisation or a club for the blind?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.A. - am not a member</td>
<td>0</td>
</tr>
<tr>
<td>At least 2-3 times per month</td>
<td>1</td>
</tr>
<tr>
<td>At least once per month</td>
<td>2</td>
</tr>
<tr>
<td>At least once every 3 months</td>
<td>3</td>
</tr>
<tr>
<td>At least once every 6 months</td>
<td>4</td>
</tr>
<tr>
<td>Less than once every 6 months or never</td>
<td>5</td>
</tr>
</tbody>
</table>

103. How often do you attend functions and meetings of an organisation or a club for seeing persons?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.A. - am not a member</td>
<td>0</td>
</tr>
<tr>
<td>At least 2-3 times per month</td>
<td>1</td>
</tr>
<tr>
<td>At least once per month</td>
<td>2</td>
</tr>
<tr>
<td>At least once every 3 months</td>
<td>3</td>
</tr>
<tr>
<td>At least once every 6 months</td>
<td>4</td>
</tr>
<tr>
<td>Less than once every 6 months or never</td>
<td>5</td>
</tr>
</tbody>
</table>

104. Do you have a radio (in working condition) in your home or place of residence?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

105. How many hours, on average, do you listen to the radio every day?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.A. - do not have a radio</td>
<td>0</td>
</tr>
</tbody>
</table>
Less than 1 hour per day 1
1-2 hours 2
3-4 hours 3
5-6 hours 4
7-8 hours 5
9-10 hours 6
11-12 hours 7
More than 12 hours per day 8

106 Do you have a television set (in working condition) in your home or place of residence?

Yes 1
No 2

107 How many hours, on average, do you "watch" television every day?

N.A. - do not have a television set 0
Less than 1 hour per day 1
1-2 hours per day 2
3-4 hours per day 3
5 hours or more 4

108 Do you attend your church's meetings? If yes, how often?

N.A. - do not belong to a church 0
Yes 1
No 2
More than once per week 3
At least once per month 4
At least once every 3 months 5
At least once every 6 months 6
At least once per year 7
Less than once per year 8

109 Is it easy for you to get to your church? If not, what is the main reason?

N.A. - do not belong to a church/no longer go to church 0
Yes 1
No. Reason:

110 Do you listen to the church services on the radio or television on Sundays?

Yes, regularly 1
Yes, sometimes 2
No, never 3

111a How long ago were you last visited by your minister?

N.A. - do not belong to a church/do not have a minister 0
Less than a week ago 1
More than a week ago 2
More than a month ago 3
More than 3 months ago 4
More than 6 months ago 5
More than a year ago 6

111b Are you satisfied with the number of times your minister visits you?

N.A. - do not have a minister 0
112a How long ago were you visited by a church official (deacon, elder)?

- N.A. - do not belong to a church/do not have a church official: 0
- Less than a week ago: 1
- More than a week ago: 2
- More than a month ago: 3
- More than 3 months ago: 4
- More than 6 months ago: 5
- More than a year ago: 6

112b Are you satisfied with the number of times your church official visits you?

- N.A. - do not have a church official: 0
- Yes: 1
- No: 3

SECTION I: PERSONAL MOBILITY

113 Is there any mobility problem that prevented you, during the past two weeks, from:

(a) going for a walk in your immediate neighbourhood?
(b) making use of a bus/car/train as a means of transport?
(c) going for a walk in another neighbourhood?

If so, what is the reason?

<table>
<thead>
<tr>
<th>Reason</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>A walk in immediate neighbourhood</td>
<td>1</td>
<td>2</td>
<td>67</td>
</tr>
<tr>
<td>Making use of a bus/car/train</td>
<td>1</td>
<td>2</td>
<td>68</td>
</tr>
<tr>
<td>A walk in another neighbourhood</td>
<td>1</td>
<td>2</td>
<td>69</td>
</tr>
</tbody>
</table>

114 When you go for a walk or make use of public transport, do you always or sometimes travel on your own, or are you always or sometimes accompanied by a seeing person?

<table>
<thead>
<tr>
<th>Reason</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always travel on my own</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel on my own sometimes and am sometimes accompanied by a seeing person</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A seeing person always accompanies me</td>
<td>3</td>
<td>70</td>
<td></td>
</tr>
</tbody>
</table>

115 Do you make use of a normal white stick when you travel? If you do not use one or want to use one, what is the reason?

<table>
<thead>
<tr>
<th>Reason</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, use a white stick</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, but would like to use one</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, and do not want to use one. Reason:</td>
<td>71</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

116 Do you have a guide-dog? If not, would you like to have one?

<table>
<thead>
<tr>
<th>Reason</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, have a guide-dog</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, but would like to have one</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, and do not want one. Reason:</td>
<td>72</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
117 Do you make use of a long stick when you travel? If not, what is the reason?

Yes, use a long stick                        1
No, but would like to use one                2
No, and do not want to use one. Reason:    73

118 What type of transport do you mainly use when you travel, for example to your work or in your own neighbourhood?

Own car - have a regular driver              1
Own car - have to wait for a seeing person  to take me where I want to go    2
Service bus                                  3
Bus                                          4
Train                                        5
Taxi                                         6
Regular lift                                 7
Other                                        8    74

119 Do you still have a need for orientation and mobility training?

No    1
Yes   2    75

CARD NUMBER  5              1-2
RECORD NUMBER               3-5
PROJECT NUMBER S W 0 2 / 1 6-10

SECTION J : SOCIAL RELATIONSHIP WITH SEEING PERSONS

120 In Question 85 you have answered that your personal friends are mainly ........... persons. Why is this so? Is it perhaps because you prefer their friendship to that of others? If so, what is the reason?

N.A.

Mainly blind persons. Reason:    0    11
Mainly seeing persons. Reason:    0    12
An equal number from both groups. Reason:    0    13

121 What attitude do seeing persons in your opinion predominantly have towards the blind?

SECTION K : BLINDNESS AND OTHER DISABILITIES

122 Are you registered as a blind person? If not, what is the reason?

Yes, registered    1
No. Reason:                 15

123 How old were you when you became legally blind - in other words when you qualified for registration as a blind person?

N.A. - was born blind 00
Age: .......... years 16-17

124 What is the most important cause of your blindness?

Was born blind    1
125  What degree of sight do you still have?

- Total blindness
- Can distinguish between light and darkness
- Can discern moving objects
- Can read with the aid of a visual apparatus
- Can read without the aid of a visual apparatus
- Can see to travel (without a guide)

126  Do you suffer from one of the following chronic ailments - in other words an ailment that you have had for a long time and that do not go away or cannot be cured?

Yes | No
---|---
Heart disease | 1  2  20
Rheumatic diseases or arthritis | 1  2  21
High blood pressure or anaemia | 1  2  22
Weakening due to hardening of the arteries | 1  2  23
Paralysis of parts of the body (for example as a result of a stroke) | 1  2  24
Diabetes | 1  2  25
Deafness | 1  2  26
Cancer | 1  2  27
Lung and respiration diseases | 1  2  28
Other (specify): | 1  2  29

SECTION L : GENERAL

127  Would you like to make any suggestions about aspects that would in your opinion contribute to improving the general welfare and position of blind persons in our society?

- No, no suggestions 1
- Yes: 30

128  Are you in favour of the custom of street collections for the blind? If not, why are you against it?

- In favour of collecting money in the street 1
- Not in favour of street collections. Reason: 31

129  Do you think that the blind should be accommodated, for example by paying less tax, travelling free of charge on buses, trains, etc.?

- Yes 1
- No 2

In conclusion a number of questions on your free time activities.

130  Many people find that they cannot always do the things in their free time that they would really have liked to do, whereas others do not seem to have the same problem.
(a) Leave the fact that your blindness restrict you completely out of the picture, and name the five recreational activities that you would most have liked to exercise in your free time. List these activities in order of preference - in other words these are your ideal free-time activities.

1. ......................................                       33-34
2. ......................................                       35-36
3. ......................................                       37-38
4. ......................................                       39-40
5. ......................................                       41-42

(b) Keep the fact that your blindness restrict you in mind, and name the five recreational activities that you would have liked most to exercise in your free time - in order of preference.

1. ......................................                       43-44
2. ......................................                       45-46
3. ......................................                       47-48
4. ......................................                       49-50
5. ......................................                       51-52

131 Which five recreational activities take up most of your free time at the moment - in order of preference?

(N.B. Activities such as eating, sleeping and taking a bath are not included here.)

1. ......................................                       53-54
2. ......................................                       55-56
3. ......................................                       57-58
4. ......................................                       59-60
5. ......................................                       61-62

(FIELDWORKER: Ask Question 132 if there are any differences between the answers to Question 130b and Question 131.)

132 You have named the five recreational activities that you as a blind person would most like to exercise in your free time, as well as those activities that at present take up most of your free time. What would you say is the main reason why you - as a blind person - cannot do the things you would really like to do?

(FIELDWORKER: If N.A. - write 0000.)

Activities Reason why cannot exercise those activities
1. ......................................                       11-14
2. ......................................                       15-18
3. ......................................                       19-22
4. ......................................                       23-26
5. ......................................                       27-30