APPENDIX – A

INTERVIEW SCHEDULE

Personal Background of Respondent

1. Name

2. Age
   2.1 16-25 years
   2.2 26-35 years
   2.3 36-45 years
   2.4 Above 45 years

3. Sex
   3.1 Male
   3.2 Female

4. Background
   4.1 Urban
   4.2 Rural

5. Present occupational status
   5.1. Lower
   5.2. Middle
   5.3. High
   5.4. Unemployed

6. Monthly income
   6.1. Rs. 5,000
   6.2. Rs. 5000 to Rs. 10,000
   6.3. Above Rs. 10,000

7. Marital Status
   7.1 Married
   7.2 Unmarried
   7.3 Divorced
   7.4 Widow(er)

8. Religion
   8.1 Hindu
   8.2 Sikh
   8.3 Muslim
   8.4 Christian
   8.5 Any other

9. Caste
   9.1 Upper
   9.2 Middle
   9.3 Lower

10. Onset of Visual Impairment
    10.1 Since birth (Congenital)
    10.2 Early childhood
10.3 Childhood
10.4 Adolescent
10.5 Adulthood

11. Type of Blindness
11.1 Partially sighted or low vision
11.2 Totally blind

12. Cause of Visual Impairment
12.1 Cause not known
12.2 Ocular Diseases and Anomalies
12.3 General and Systemic Diseases
12.4 Injuries and Accidents

13. Do you have disability other than visual impairment?
   Yes/No
   13.1 If yes, give details.
       13.1.1 Physical Impairment
       13.1.2 Hearing Impairment
       13.1.3 Slow learner
       13.1.4 Unclear speech

14. Did you take any treatment for your visual impairment?
   Yes/No
   14.1 If yes, the type of treatment you took.
       14.1.1 Medical
       14.1.2 Surgical
       14.1.3 Spiritual
   14.2 From where
       14.2.1 Punjab
       14.2.2 Chandigarh
       14.2.3 Delhi
       14.2.4 All over India and abroad
14.3. Who bore the total expenditure of treatment?
   14.3.1 Parents
   14.3.2 On Charity

14.4. Did you face any difficulty in receiving treatment?
   Yes/No
   14.4.1 If yes, give details

14.5. Duration of treatment (years)
   14.5.1 0-5
   14.5.2 6-10
   14.5.3 11-15
   14.5.4 Continuing

15. INFORMATION ABOUT FAMILY OF ORIENTATION

15.1. Type of family
   15.1.1 Nuclear
   15.1.2 Joint Family

15.2. Size of family
   15.2.1 Small (0-4)
   15.2.2 Medium (4-6)
   15.2.3 Large (6-10)
   15.2.4 Very large (More than 10)

15.3. Health status of parents (Visual impairment)
   Yes/No

15.4. Health status of siblings (Visual impairment)
   Yes/No

15.5. Educational Qualification of the Father
   15.5.1. Literate 15.5.2 Illiterate

15.6. Occupation of father
   15.6.1 Lower
15.6.2 Middle
15.6.3 Higher
15.6.4 NA

15.7 Total Monthly income of family
15.7.1 Rs. 7500
15.7.2 Rs. 7500-15,000
15.7.3 Rs. 15,000 and above.

16. INFORMATION ABOUT FAMILY OF PROCREATION
16.1 Age at marriage ____________ years
16.2 Information about marital partner
   16.2.1 Age at marriage
   16.2.2 Health status
   16.2.3 Caste
   16.2.4 Religion
   16.2.5 Education
   16.2.6 Occupation
   16.2.7 Monthly Income
16.3 Did you face any difficulty in getting married?
   Yes/No
   16.3.1 If Yes, specify ________________
16.4 Number of children _______________________
16.5 Age of children _______________________
16.6 Health Status of children ___________________
16.7 If not married, reasons ___________________

FAMILY SUPPORT
17 RELATIONSHIP WITH PARENTS AND FAMILY MEMBERS
17.1 Difference of opinion with family members
   Yes/No
17.1.1 If Yes, what were the issues?

17.1.1.1 Daily needs

17.1.1.2 Money matters

17.1.1.3 Mobility

17.2 Did your family members ever behaved in the following way?

17.2.1 Stopped talking / Ignored you Yes / No

17.2.2 Demeaned / Insulted / Criticized you Yes / No

17.2.3 Denied permission to express views Yes / No

17.2.4 Threatened / Shouted at you Yes / No

17.2.5 Abused you Yes / No

17.2.6 Resorted to physical violence Yes / No

17.2.7 Locked you up Yes / No

17.3 If Yes, who did it & how did you react?

17.4 Did you get equal treatment in the family?

Yes / No.

17.4.1. If No, by whom?

17.4.1.1 Father

17.4.1.2 Mother

17.4.1.3 Grandparents

17.4.1.4 Siblings

17.4.1.5 Relatives and others

17.4.2 How was the treatment different?

17.5 Did your parents support you because of your disability?

Yes / No.

17.5.1 If Yes, in what way

17.5.1.1 Educational needs

17.5.1.2 Financial needs,

17.5.1.3 Psychologically,

17.5.1.4 Social needs,
17.5.1.5 Any other.
17.5.2. If No, why?
  17.5.2.1. Absence of parents,
  17.5.2.2. Lack of awareness,
  17.5.2.3. Illiteracy
  17.5.2.4. Poverty,
  17.5.2.5. Negative attitude
17.5.3. What is the impact of negative behaviour and lack of family support on your well being?
17.6. How did your parents feel about your disability?
17.7. Did your parents ever blame you for your disability?
  Yes / No
  17.7.1. If Yes, in what respect?
18. Relationship with family of procreation
  18.0. Were there some occasions when you had difference of opinion with your spouse because of your disability?
  Yes/No
  18.1. If Yes, what were the issues?
    18.1.1. Daily needs
    18.1.2. Money matters
    18.1.3. Mobility
    18.1.4. Any other
  18.2. Did your spouse or in-laws ever behaved in the following way?
    18.2.1. Stopped talking / Ignored you Yes / No
    18.2.2. Demeaned / Insulted / Criticized you Yes / No
    18.2.3. Denied permission to express views Yes / No
    18.2.4. Threatened / Shouted at you Yes / No
    18.2.5. Abused you Yes / No
    18.2.6. Resorted to physical violence Yes / No
    18.2.7. Locked you up Yes / No
18.3. If Yes, who did it & how did you react.

18.4 Did your spouse support you?
   Yes/No

18.4.1 If yes, in what way?

19 EDUCATIONAL SUPPORT

19.1 Name of educational institution

19.2 Educational qualification

19.3 Do you feel that your special educational institution has played a crucial role in your life?
   Yes / No

19.3.1 If Yes, in what way? Explain.

19.4 How did you come to know about institution for the Blind?

19.5 Have you participated in different co-curricular activities?
   Yes / No

19.6 Did your school / institution/ university suit your requirement?
   Yes / No

19.7 Who helped you in your studies?
   19.7.1 Family members
   19.7.2 Teachers
   19.7.3 Classmates
   19.7.4 Social workers or friends

19.8 Did you get equal opportunity in competing with sighted students?
   Yes / No

19.9 Did the curriculum suit your needs?
   Yes / No

19.10 Did you get individual/special attention during your studies?
   Yes/No.

19.11 Did you face any difficulties in educational institutions at school level/University level?
Yes / No.

19.11.1 If yes, what type?
19.11.1.1 Lack of family support,
19.11.1.2 Lack of study material,
19.11.1.3 Lack of good teachers,
19.11.1.4 Insufficient educational opportunities ___

19.12 Did you find any difference in attitude of visually impaired and sighted teachers? Yes/No________________________

19.13 Did you feel comfortable in the company of other blind students? Yes / No

19.14 Were the teachers trained to cater to the specific needs of blind? Yes / No

19.15 Did the attitude of the teachers motivating & favorable? Yes / No.

19.15.1 If No, why not? __________________________

19.16 Was the Attitude of other staff members of the special school favourable? Yes / No

WORK PLACE SUPPORT

20. Have you ever worked? Yes / No.

20.1. At what age you started working? __________________________

20.2. Type of positions held? __________________________

20.3. Nature of job

20.3.1 Temporary 20.3.2 Permanent

20.4 Is this your first job? Yes / No.

20.4.1 If No, details about last job- type, reasons for leaving. ___

20.5 How did you get this job?

20.5.1 Advertisements

20.5.2 Personal contacts
20.5.3 Employment exchange.
20.5.4 Through National Federation of the blind

20.6 How do you commute to your work place?
- 20.6.1 Public transport
- 20.6.2 Self
- 20.6.3 Pooling
- 20.6.4 Any other.

20.7 Type of difficulties you faced in getting the job? _____________

20.8 Relations at work place with colleagues.
- 20.8.1 Satisfactory
- 20.8.2 Cordial
- 20.8.3 Unsatisfactory
  - 20.8.3.1 If unsatisfactory what was the reason? ____

20.9 Relations at work place with superiors.
- 20.9.1 Satisfactory
- 20.9.2 Cordial
- 20.9.3 Unsatisfactory
  - 20.9.3.1 If unsatisfactory what was the reason? ____

20.10 Relations at work place with subordinates.
- 20.10.1 Satisfactory
- 20.10.2 Cordial
- 20.10.3 Unsatisfactory
  - 20.10.3.1 If unsatisfactory what was the reason? ____

20.11 Did you feel that you were not treated at par with normal individual in work place?
- Yes / No.

- 20.11.1 If Yes, type of discrimination
  - 20.11.1.1 In salary
  - 20.11.1.2 In work distribution
  - 20.11.1.3 In leadership qualities
  - 20.11.1.4 In other benefits.
20.12. Are you satisfied with your job?
   Yes / No.
20.12.1. If No, why not? _______________________
20.13. Do you participate in key decision making process at your workplace?
   Yes / No
20.14. Did you ever feel that your disability is a hindrance in your progress at work place?
   Yes / No.
20.14.1. If No, why not? _______________________
20.15. According to you, what types of jobs are best suited for visually impaired?____________________

21. Social support
21.1 According to you why do people loose eyesight?
   21.1.1 Medical reasons
   21.1.2 Social reasons like ignorance and nutritional deficiency
   21.1.3 Bad deeds of past
   21.1.4 Economic reasons
21.2 Do you feel that stigma is attached to visually impaired in our society?
   Yes / No
21.3 Do you feel that canes, monocle lenses, Braille create a feeling of disability and dependence among blind?
   Yes / No
21.4. Have you accepted your problem?
   Yes / No
21.4.1 If No, why? ___________________________
21.5. Do you have mastery over daily living skills?
   Yes / No
21.5.1. If Yes, how it has affected you?
21.5.1.1 Enhanced my personality
21.5.1.2 More independent
21.5.1.3 Any other.

21.6 How do you cope up with your disability?
   21.6.1 Concentrate on your objectives in life.
   21.6.2 Don't think too much about disability.
   21.6.3 Compare yourself from more disabled.
   21.6.4 Any other.

21.7 If you talk to someone about things that are very personal and private, whom would you talk to?
   21.7.1 Parents
   21.7.2 Spouse
   21.7.3 Siblings
   21.7.4 Friends
   21.7.5 Colleagues
   21.7.6 Any other

21.8 Whom would you go to if a situation came up when you needed some advice?
   21.8.1 Parents
   21.8.2 Spouse
   21.8.3 Siblings
   21.8.4 Friends
   21.8.5 Colleagues
   21.8.6 Any other

21.9 Do you feel lonely?
   Yes / No.
   21.9.1. If Yes, why? _____________________________

21.10 Do you feel insecure?
   Yes / No.
   21.10.1 If Yes, why? _____________________________
21.11 Are you able to cope up with stress?
Yes / No.
21.11.1 If yes, type of strategies adopted? ____________
21.12 Who takes major decisions in your life?
21.12.1 Self
21.12.2 Spouse
21.12.3 Parents
21.12.4 Teachers
21.12.5 Friends
21.12.6 Any other.
21.13 Are you satisfied with your achievements?
Yes / No
21.13.1 If No, why? ________________________________
21.14 What factors hamper your personal progress?
21.14.1 Lack of funds
21.14.2 Lack of awareness
21.14.3 Lack of support
21.14.4 Lack of opportunity
21.14.5 Any other.
21.15 According to you, what are the main elements for achievements in the life of a visually impaired?
21.15.1 Social support
21.15.2 Financial support
21.15.3 Equal opportunity
21.15.4 Awareness of welfare schemes
21.15.5 Good guide.
21.16 Do you feel that government should own all the responsibility for disabled?
Yes / No
21.17 Are you aware of the facilities/concessions given by Government? Yes / No

21.17.1 If Yes, who was the source of information?

21.17.1.1 Parents

21.17.1.2 Relatives/Friends

21.17.1.3 Teachers

21.17.1.4 Media

21.17.1.5 Any other

21.17.2 What facilities have you availed? ____________________

21.18 Do you have any modern gadgets & devices especially meant for visually impaired? Yes / No

21.18.1 If yes, what? ____________________

21.19 Do you get help from general public? Yes / No

21.19.1 If Yes, In what way? ____________________

21.20 Have you ever been cheated by sighted people because of your visual impairment? Yes / No

21.20.1 If Yes, In what way? ____________________

21.21 Do people have adequate awareness about your potentialities? Yes / No

21.22 Do you get social recognition for your achievements? Yes / No

21.23 Does society cultivate positive attitude towards visually impaired? Yes / No

21.24 Does society create accessible environment for visually impaired? Yes / No