

## APPENDIX B

### The IVI\_C Questionnaire

The student answered the questions on a 5-point scale: “always”; “almost always”; “sometimes”; “almost never”; and “never”. A sixth response category was “no, for other reasons” was also available, should the student feel it was necessary.

These questions are all about how things are for you BECAUSE OF YOUR EYESIGHT

Are you confident to use public transport (such as buses, trains, ferries) by yourself?

Are you confident in places you don't know?

Are you confident that you can move around safely in places you don't know in the daytime?

Are you confident that you can move around safely in places you don't know at night-time?

Can you find your friends in the playground at lunch and play time?

When you are in a room, can you recognize people you know before they speak to you?

Can you take part in games or sports that you want to play with your friends?

Do you get the chance to go to activities other than sport (such as social groups)?

Has your eyesight stopped you from doing the things that you want to do?

Do other students help you when you ask them for help?

Do other students help you to join in with them?

Do you find it hard to join in with other students?

Do you get frustrated?

Do other students understand your special needs?

Do your teachers understand your special needs?

In the classroom, do you get all the same information as other students?

Do you get all the information at the same time as the other students?

Do you get enough time in school to complete the work set by the teacher?

When you are in the classroom, are you confident about asking for help you need?

When you ask for help, do people understand how much help you need?

Do people tell you that you can't do the things that you want to do?

Do people stop you from doing the things you want to do?

Do you get yourself ready for school?

Can you recognize coins and paper money when paying for things?

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