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Toegang 2009/03/06

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Naam van respondent: _____

Datum: _____

Yolande Vivier
Universiteit van Pretoria

12 Mulberry Gardens
Cedarwoodstraat
Goedemoed
Durbanville
7530

INGELIGTE TOESTEMMING

1. Titel van studie: 'n Ouerbegeleidingsprogram vir ouers van 'n kleuter met gesiggestremdheid.

2. Doel van studie: Die doelstelling van hierdie studie is om 'n ouerbegeleidingsprogram vir ouers wat 'n kleuter met 'n gesiggestremdheid het, te ontwikkel en die effektiwiteit daarvan te evalueer.

3. Prosedure: Die doel van die studie sal met behulp van 'n telefoniese onderhoud aan my verduidelik word. Hierna sal daar 'n fokusgroep onderhoud met my gevoer word ten einde 'n gedetaileerde prent te bekom ten opsigte van my belewenis, persepsie en behoeftes met betrekking tot my kind met gesiggestremdheid se invloed op die gesin. 'n Onderhoudskедule met 'n reeks vooraf bepaalde vrae sal tydens die fokusgroep benut word ten einde my belewenis en behoeftes te bepaal van my kind met gesiggestremdheid se invloed op my gesin. Hierdie fokusgroep sal nie langer as 'n uur en half duur nie en sal geskeduleer word na gelang van my gemak. Dit sal op die terrein van die Pionierskool te Worcester geskied.

4. Risiko's en ongemak: Geen mediese risiko's bekend word met die uitvoer van hierdie studie geassosieer nie. As gevolg van die aard van die doeleindes van die studie, dit wil sê om persoonlike inligting (belewenisse / gevoelens / ervarings) ten opsigte van my kind met gesiggestremdheid se invloed op my huisgesin te bekom, is daar 'n moontlikheid dat ek emosionele ongemak mag ervaar. Daar sal egter voorsiening gemaak word vir 'n

ontladingsonderhoud so spoedig moontlik na afloop van die ondersoek waar ek die geleentheid gegee sal word om my mening te opper, gevoelens te ventileer en enige onsekerhede of misverstande uit die weg te ruim. Indien ek steeds ongemak verduur sal ek verwys word vir verdere terapie.

5. Voordele: Ek verstaan dat daar geen mediese voordele verbonde aan die uitvoer van hierdie studie is nie. Daar is egter 'n moontlikheid dat ek na afloop van die navorsingsproses bewus sal wees van positiewe emosies wat aanleiding sal gee tot positiewe funksionering en dus my verhouding met my huisgesin kan versterk. Die beskikbaarstelling van die resultate van hierdie studie sal egter ook 'n positiewe bydrae lewer tot ander maatskaplike werkers in dieselfde veld asook ouers met kinders wat gesiggestremd is.

6. Regte van die respondent: Ek mag te enige tyd my deelname van hierdie studie onttrek.

7. Finansiële kompensasie: Daar sal geen finansiële uitgawes verbonde aan die uitvoer van die studie wees nie.

8. Konfidensialiteit: Ten einde akkuraatheid te verseker sal die fokusgroep onderhoud, waarvan ek deel sal wees, op 'n bandopnemer opgeneem word. Hierdie kasset sal slegs deur die hoofnavorser en gesaghebbende persone van die navorsingspan aan die Universiteit van Pretoria geluister word. Ek verstaan dat die resultate van hierdie studie vertroulik hanteer sal word ten einde my privaatheid te verseker. Ek sal die keuse gegee word om anoniem of met behulp van 'n skuilnaam aan die studie deel te neem. Die resultate van hierdie studie mag in boekvorm en in wetenskaplike artikels gepubliseer word, maar my rekords en identiteit sal nie beskikbaar gestel word nie, tensy die wet dit vereis.

9. Indien ek enige verdere vrae of bekommernisse het, kan ek 083 387 6694 skakel, alle ure.

Ek verstaan my regte as navorsingssubjek en ek gee vrywilliglik toestemming om aan hierdie studie deel te neem. Ek verstaan die doel van die studie en die prosedure in die uitvoer daarvan. Ek sal 'n getekende afskrif van hierdie toestemmingsbrief ontvang.



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Handtekening van respondent

Datum

Handtekening van hoofnavorser

Naam van respondent: _____

Datum: _____

Yolande Vivier
Universiteit van Pretoria

12 Mulberry Gardens
Cedarwoodstraat
Goedemoed
Durbanville
7530

INGELIGTE TOESTEMMING

1. Titel van studie: 'n Ouerbegeleidingsprogram vir ouers van 'n kleuter met gesiggestremdheid.

2 Doel van studie: Die doelstelling van hierdie studie is om 'n ouerbegeleidingsprogram vir ouers van 'n kleuter met 'n gesiggestremdheid, te ontwikkel en die effektiwiteit daarvan te evalueer.

3. Prosedure: Die doel van die studie sal aan my oor die telefoon verduidelik word waarna hierdie toestemmingsbrief aan my gegee sal word op die dag van die programmaanbieding. Die inhoud van die brief sal weer aan my verduidelik word waarna ek my skriftelike toestemming vrywilliglik sal gee. 'n Datum sal met my oorengerek word wat my pas om deel te neem aan hierdie studie. Hierna sal ek 'n ouerbegeleidingsprogram deurloop, wat uit ses sessies bestaan van ongeveer 60 minute elk. Ons sal ongeveer 10 ouerparys wees wat dit gesamentlik deurloop. 'n Selfontwerpte vraelys (wat groepsgeadministreer sal word) sal aan die begin (voortoets) en teen die einde (natoets) aan my gegee word om in te vul ten einde die effektiwiteit van die program te bepaal. Die sessies sal onder meer uit die volgende onderwerpe bestaan:

Sessie 1: Verhoudingbou en meting

Die terapeutiese verhouding sal eerstens gebou word waarna die voortoets (A) sal plaasvind.

Sessie 2: Inligting met betrekking tot die verskynsel van gesiggestremdheid
Kennis oor oogsiektes (wat van toepassing is), die oorsaak daarvan, hoe dit
gediagnoseer word en die moontlike prognose. Ouers kan help met die bespreking.

Sessies 3 en 4: Inligting ten opsigte van die invloed van die oogkondisie op die kind, die
ouers afsonderlik, die huwelik en die gesin

Invloed op verskillende areas by:

- Die kind - akademies, loopbaan, psigo-sosiale aanpassing.
- Elke ouer - sosiaal, emosioneel (skuldgevoelens, bekommernisse, spanning, agressie dat dit sy kind moet wees, rouproses en aanvaarding), finansieel, ouerskapsvaardighede en dissiplinestyl.
- Huwelik - spanning, tyd vir mekaar, bekommernisse, ekstra las of positief, bemagtig mekaar, ondersteuning.
- Gesin - sibbe, verhoudings, emosioneel, sosiaal, finansieel (verhuis, mediese afsprake).

Sessie 5: Hantering van die kind, huweliksverhouding en gesin

Bemagtigings- en praktiese hanteringstrategieë, hulpbronne in onmiddellike omgewing, ondersteuningsisteme en steungroepe nasionaal.

Sessie 6: Meting en terminering

Die geleentheid vir eksplorering en bespreking van probleemkwessies sal hier plaasvind. Hierdie sessie sal dus ook as 'n ontladingssessie benut word. Die natoets van die intervensie sal met behulp van 'n vraelys gedoen word waar dieselfde aspekte as in die voortoets, gemeet sal word. Dit sal die effektiwiteit van die intervensie bepaal.

Elke sessie sal ongeveer 60 minute duur. Al ses sessies sal op een dag gedoen word. Dit sal geskeduleer word na gelang van my gemak.

4. Risiko's en ongemak: Geen mediese risiko's bekend word met die uitvoer van hierdie studie geassosieer nie. As gevolg van die aard van die doeleindes van die studie, dit wil sê om 'n ouerbegeleidingsprogram [waar persoonlik inligting (belewenisse / gevoelens / ervarings) ten opsigte van my kind met gesiggestremdheid se invloed op my huisgesin te bekom] te deurloop is daar 'n moontlikheid dat ek emosionele ongemak mag ervaar. Daar sal egter voorsiening gemaak word vir ontlading. Tydens die laaste sessie

van die program sal ek die geleentheid gegee word om my mening te opper, gevoelens te ventileer en enige onsekerhede of misverstande uit die weg te ruim. Indien ek steeds ongemak verduur sal ek verwys word vir verdere terapie.

5. Voordele: Ek verstaan dat daar geen mediese voordele verbonde aan die uitvoer van hierdie studie is nie. Daar is egter 'n moontlikheid dat ek na afloop van die navorsingsproses bewus sal wees van positiewe emosies wat aanleiding sal gee tot positiewe funksionering en dus my verhouding met my huisgesin kan versterk. Die beskikbaarstelling van die resultate van hierdie studie sal egter ook 'n positiewe bydrae lewer tot ander maatskaplike werkers in dieselfde veld asook ouers met 'n kleuter wat gesiggestremd is.

6. Regte van die respondent: Ek mag te enige tyd my deelname aan hierdie studie onttrek.

7. Finansiële kompensasie: Daar sal geen finansiële uitgawes verbonde aan die uitvoer van die studie wees nie.

8. Konfidensialiteit: Ek sal die keuse gegee word om anoniem of met behulp van 'n skuilnaam aan die studie deel te neem. Die resultate van hierdie studie sal vertroulik hanteer word ten einde my privaatheid te verseker. Die resultate van hierdie studie mag in boekvorm en in wetenskaplike artikels gepubliseer word, maar my rekords en identiteit sal nie beskikbaar gestel word nie, tensy die wet dit vereis.

9. Indien ek enige verdere vrae of bekommernisse het, kan ek 083 387 6694 skakel, alle ure.

Ek verstaan my regte as navorsingssubjek en ek gee vrywilliglik toestemming om aan hierdie studie deel te neem. Ek verstaan die doel van die studie en die prosedure in die uitvoer daarvan. Ek sal 'n getekende afskrif van hierdie toestemmingsbrief ontvang.

Handtekening van respondent

Datum

Handtekening van hoofnavorser



BYLAAG 6

1. Watter aspekte met betrekking tot 'n kleuter met gesiggestremdheid beveel hulle aan moet ingesluit word in 'n omvattende ouerbegeleidingsprogram vir ouers van 'n kleuter (nul tot ses jaar) met gesiggestremdheid?
2. In watter mate beskik hulle as ouers oor voldoende kennis ten opsigte van hul kleuter se spesifieke oogsiekte en die prognose daarvan?
3. In watter mate beïnvloed die oogkondisie van hul kind die kind self, die ouers, die huwelik en die gesin?
4. In watter mate voel hulle emosioneel toegerus om hierdie krisis te hanteer?
5. In watter mate is hulle bewus van hulpbron instansies in hulle omgewing om vir hulp te gaan aanklop?
6. In watter mate voel hulle bevoeg om hul kind korrek te hanteer en op te voed ten einde hy/haar sy volle potensiaal te kan bereik?
7. In watter mate voel hulle bevoeg om hul kleuter binne die gesinsituasie te hanteer?

VRAEELYS

INSTRUKSIES

Hierdie vraeels is verdeel in 2 afdelings:

- 1: Persoonlike besonderhede
- 2: Algemene inligting

Voltooi asseblief beide afdelings.

Antwoord asseblief die volgende vrae eerlik.

Daar is nie 'n regte of verkeerde antwoord nie.

AFDELING 1: PERSOONLIKE BESONDERHEDE

Merk die blokkie soos van toepassing:

Vraag 1.1

GESLAG	Manlik	Vroulik
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Vraag 1.2

HUWELIKSTATUS	Getroud	Enkellopend a.g.v. verlating	Geskei
----------------------	---------	---------------------------------	--------

Vraag 1.3

KULTUURGROEP	Blank	Kleurling	Swart	Maleier
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Vraag 1.4

HUISTAAL	Afrikaans	Engels	Xhosa
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Vraag 1.5

GESLAG VAN DIE KIND MET GESIGGESTREMDHEID	Manlik	Vroulik
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Vraag 1.6

DIE HOEVEELSTE KIND IS DIE KIND MET GESIGGESTREMDHEID?	Oudste	Middelste	Jongste
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Vraag 1.7

VERWANTSKAP AAN DIE KIND MET GESIGGESTREMDHEID?	Vader	Moeder	Primère Versorger
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Vraag 1.8

IS DAAR ANDER KINDERS IN U GESIN?	Ja	Nee
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Vraag 1.9

DIE OUDERDOM VAN DIE KIND MET GESIGGESTREMDHEID?	Tussen 0 en12 maande	Tussen 1 en 3 jaar	Tussen 4 en 6 jaar
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AFDELING 2:

Merk die blokkie soos van toepassing.

2.1 Weet u met watter oogsiekte u kind met gesiggestremdheid gediagnoseer is?

Ja	Nee	Onseker
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2.2 Hoe oud was u kind toe die diagnose gemaak is?

Met geboorte	
Tussen 1 en 12 maande	
Tussen 1 en 3 jaar	
Tussen 4 en 6 jaar	
Ander (noem)	

2.3 Wie het die diagnose aan u verduidelik?

Dokter	
Verpleegkundige	
Maatskaplike werker	
Sielkundige	
Oogkundige	
Onderwyser	
Ander (Noem)	

2.4 Op 'n skaal van 1-10, met 1-3 as "swak kennis", 4-7 as "gemiddelde kennis" en 8-10 as "uitstekende kennis", waar sou u u kennis plaas in verband met die mediese aspekte (diagnose, oorsaak, prognose en mediese behandeling) in die geheel van u kind met gesiggestremdheid se oogsiekte?

1	2	3	4	5	6	7	8	9	10
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2.5 Verlang u meer inligting in verband met u kind se oogsiekte in die geheel?

Ja	Nee
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2.6 Op 'n skaal van 1-10, met 1-3 as "swak kennis", 4-7 as "gemiddelde kennis" en 8-10 as "uitstekende kennis", waar sou u u kennis plaas in verband met die effek wat die gesiggestremdheid op u kind se

2.6.1 fisiese ontwikkeling het?

1	2	3	4	5	6	7	8	9	10
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2.6.2 emosionele ontwikkeling het?.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.6.3 sosiale ontwikkeling het?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.6.4 opvoedkundige situasie het?

1	2	3	4	5	6	7	8	9	10
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2.7 Op'n skaal van 1-10, met 1-3 as "swak kennis", 4-7 as "gemiddelde kennis" en 8-10 as "uitstekende kennis", waar sou u u kennis plaas ten opsigte van:

2.7.1 Effektiewe verbale kommunikasie met u kind met gesiggestremdheid?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.7.2 Effektiewe nie-verbale kommunikasie met u kind met gesiggestremdheid?

1	2	3	4	5	6	7	8	9	10
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2.8 Op 'n skaal van 1-10, met 1-3 as "swak bewustheid", 4-7 as "gemiddelde bewustheid" en 8-10 as "uitstekende bewustheid", waar sou u self as ouer plaas ten opsigte van u bewustheid van u kind met gesiggestremdheid se:

2.8.1 unieke behoeftes?

1	2	3	4	5	6	7	8	9	10
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2.8.2 unieke wense

1	2	3	4	5	6	7	8	9	10
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2.8.3 unieke gevoelens

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.8.4 unieke gedagtes

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.9 Hanteer u u kind met gesiggestremdheid "anders" as die ander kinders in die gesin?

Ja	Nee	Onseker	Nie van toepassing
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2.10 Dissiplineer u u kind met gesiggestremdheid “anders” as die ander kinders in die gesin?

Ja	Nee	Onseker	Nie van toepassing
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2.11 Op ‘n skaal van 1-10, met 1-3 as “swak kennis”, 4-7 as “gemiddelde kennis” en 8-10 as “uitstekende kennis”, waar sou u self as ouer plaas ten opsigte van u kennis van effektiewe hanteringstrategieë van u kind met gesiggestremdheid

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.12 Hoe sal u u verhouding met u kind met gesiggestremdheid beskryf?

Uitstekend	Baie goed	Gemiddeld	Swak	Baie swak
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2.13 Beskik u oor kontakpersone in u onmiddellike omgewing wat u van inligting kan voorsien ten opsigte van u kind met gesiggestremdheid?

Ja	Nee
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2.14 Maak u gebruik van hierdie kontakpersone?

Ja	Nee
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2.15 Op ‘n skaal van 1-10, met 1-3 as “swak kennis”, 4-7 as “gemiddelde kennis” en 8-10 as “uitstekende kennis”, waar sou u self as ouer plaas ten opsigte van u kennislak met betrekking tot ‘n lys van hulporganisasies en kontakpersone in die veld van gesiggestremdheid nasionaal en internasionaal?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.16 Is u bewus van ondersteuningsgroepe in u omgewing vir:

2.16.1 Ouers van kinders met gesiggestremdhede?

Ja	Nee
----	-----

2.16.2 Kinders met gesiggestremdhede?



Ja	Nee
----	-----

2.17 Dui op die volgende skaal aan hoe u u verhouding met uerf van 'n kind met 'n gesiggestremdheid sal beskryf.

Uitstekend	Baie goed	Gemiddeld	Swak	Baie swak
------------	-----------	-----------	------	-----------

2.18 Meen u dat die versorging van 'n kind met 'n gesiggestremdheid buitengewone eise aan u as ouer stel?

Ja	Nee	Onseker
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2.19 Dui die area in u lewe aan waarin u die meeste stres ervaar met betrekking tot die versorging van 'n kind met gesiggestremdheid

Fisies	
Emosioneel	
Sosiaal	
Finansieel	
Opvoedkundig	
Ander (Noem)	

2.20 Hoe sou u u verhouding met u huweliksmaat beskryf?

Uitstekend	Baie goed	Gemiddeld	Swak	Baie swak	Nie van toepassing
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2.21 Meen u dat die versorging van 'n kind met 'n gesiggestremdheid buitengewone eise aan 'n huwelik stel?

Ja	Nee	Onseker	Nie van toepassing
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2.22 Meen u dat u verhouding as ouer met die ander kinders in u gesin, verskil van u verhouding met die kind met 'n gesiggestremdheid?

Ja	Nee	Onseker	Nie van toepassing
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2.23 Hoe sou u die verhouding tussen u ander kinders met die van u kind met gesiggestremdheid, beskryf?

Uitstekend	Baie goed	Gemiddeld	Swak	Baie swak	Nie van toepassing
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2.24 Meen u dat die kind met gesiggestremdheid 'n effek op die ander kinders in u gesin het?

Ja	Nee	Onseker	Nie van toepassing
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2.25 Meen u dat 'n kind met 'n gesiggestremdheid 'n effek op u werksituasie het?

Ja	Nee	Onseker	Nie van toepassing
----	-----	---------	--------------------

2.26 Hoe sou u die verhouding wat u as ouer met u werksomstandighede het, beskryf?

Uitstekend	Baie goed	Gemiddeld	Swak	Baie swak	Nie van toepassing
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QUESTIONNAIRE

INSTRUCTIONS:

This questionnaire is divided into 2 sections:

- A Personal details
- B General Information

Please complete both sections. There are no right or wrong answers to these questions.

SECTION A: PERSONAL DETAILS:

Question 1.1

GENDER	Male	Female
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Question 1.2

MARITAL STATUS	Married	Single due to abandonment	Divorced
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Question 1.3

ETHNICITY	White	Coloured	Black	Malayan
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Question 1.4

LANGUAGE	Afrikaans	English	Xhosa
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Question 1.5

GENDER OF THE CHILD WITH VISUAL IMPAIRMENT	Male	Female
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Question 1.6

PLEASE INDICATE IF THE CHILD WITH VISUAL IMPAIRMENT IS THE OLDEST or MIDDLE CHILD or YOUNGEST CHILD IN YOUR FAMILY?	Eldest	Middle	Youngest
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Question 1.7

WHAT IS YOUR RELATION TO THE CHILD WITH VISUAL IMPAIRMENT?	Father	Mother	Primary Caregiver
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Question 1.8

ARE THERE OTHER CHILDREN IN YOUR FAMILY?	Yes	No
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Question 1.9

AGE OF THE CHILD WITH VISUAL IMPAIRMENT?	Between 0 and 12 months	Between 1 and 3 years of age	Between 4 and 6 years of age
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SECTION B: GENERAL INFORMATION:

2.1 Do you know the name of the specific eye condition that your child is diagnosed with?

Yes	No	Not sure
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2.2 How old was your child when he/she was diagnosed?

At birth	
Between 1 and 12 months	
Between 1 and 3 years	
Between 4 and 6 years	
Other (please indicate age)	

2.3 Who have explained your child's eye condition to you?

Doctor	
Nurse	
Social Worker	
Psychologist	
Eye care specialist	
Teacher	
Other (please indicate)	

2.4 On a scale of 1 – 10, with 1-3 an indication of “poor knowledge”, 4-7 an indication of “average knowledge” and 10 an indication of “excellent knowledge”, please indicate your knowledge regarding the medical aspects of your child’s eye condition:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.5 Do you need more information regarding your child’s eye condition?

Yes	No
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2.6 On a scale of 1 – 10, with 1-3 an indication of “poor knowledge”, 4-7 an indication of “average knowledge” and 10 an indication of “excellent knowledge”, please indicate your knowledge regarding the effect that the visual impairment has on your child’s:

2.6.1 physical development ?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.6.2 emotional development?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.6.3 social development?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.6.4 academic situation?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.7 On a scale of 1 – 10, with 1-3 an indication of “poor knowledge”, 4-7 an indication of “average knowledge” and 10 an indication of “excellent knowledge”, please indicate your knowledge regarding the effect that the visual impairment has on your child’s:

2.7.1 Effective verbal communication with your child with visual impairment?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.7.2 Effective non-verbal communication with your child with visual impairment?

1	2	3	4	5	6	7	8	9	10
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2.8 On a scale of 1 – 10, with 1-3 an indication of “poor awareness”, 4-7 an indication of “average awareness” and 10 an indication of “excellent awareness”, please indicate your level of awarness regarding your child with visual impairment’s:

2.8.1 unique needs?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.8.2 unique wishes?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.8.3 unique feelings?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.8.4 unique thoughts?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.9 Do you behave differently towards your child with visual impairment when compared to your behaviour towards your other children in the family?

Yes	No	Not sure	Not applicable
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2.10 Do you discipline your child with visual impairment differently to your other children in the family?

Yes	No	Not sure	Not applicable
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2.11 On a scale of 1 – 10, with 1-3 an indication of “poor knowledge”, 4-7 an indication of “average knowledge” and 10 an indication of “excellent knowledge”, please indicate your knowledge regarding effective strategies to handle your child with visual impairment?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.12 How would you describe your relationship with your child with visual impairment

Excellent	Good	Average	Bad	Very bad
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2.13 Do you have contact details of people in your immediate environment that can give you information regarding your child with visual impairment?

Yes	No
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2.14 If yes, do you make use of these people?

Yes	No
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2.15 On a scale of 1 – 10, with 1-3 an indication of “poor knowledge”, 4-7 an indication of “average knowledge” and 10 an indication of “excellent knowledge”, please indicate your knowledge regarding a list of contact details of professionals in the field of visual impairment, nationally and internationally?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2.16 Are you aware of support groups in your community for:

2.16.1 parents who have a child with visual impairment?

Yes	No
-----	----

2.16.2 children with visual impairment?

Yes	No
-----	----

2.17 Please indicate how you would describe your relationship with yourself as a parent of a child with visual impairment

Excellent	Good	Average	Bad	Very bad
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2.18 Are you of the opinion that to care for a child with visual impairment is more exhausting (emotionally and physically)?

Yes	No	Non sure
-----	----	----------

2.19 Please indicate the area that places the most strain on you caring for a child with a visual impairment:

Physical	
Emotional	
Social	
Financial	
Educational	
Other (please indicate)	

2.20 How would you describe the relationship that you have with your marriage partner?

Excellent	Good	Average	Bad	Very bad
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2.21 Are you of the opinion that your marriage is taking strain due to the fact of caring for a child with visual impairment?

Yes	No	Not sure	Not applicable
-----	----	----------	----------------

2.22 Are you of the opinion that the relationship you have with your other children differ from the one you have with your child with visual impairment?

Yes	No	Not sure	Not applicable
-----	----	----------	----------------

2.23 How would you describe the relationship between your other children and the child with visual impairment?

Excellent	Good	Average	Bad	Very bad
-----------	------	---------	-----	----------

2.24 Are you of the opinion that the child with visual impairment has an effect on your other children in the family?

Yes	No	Not sure	Not applicable
-----	----	----------	----------------

2.25 Are you of the opinion that your career is taking strain due to the fact of caring for a child with visual impairment?

Yes	No	Not sure	Not applicable
-----	----	----------	----------------

2.26 How would you describe the relationship with your work situation?

Excellent	Good	Average	Bad	Very bad
-----------	------	---------	-----	----------