

**RESEARCH REPORT APPENDICES**

**Prepared By**

**Gravitas Research and Strategy Ltd**

**and**

**Market Economics Ltd**

**COSTS OF BLINDNESS  
IN NEW ZEALAND  
-APPENDICES-**

**Prepared For**

**THE ROYAL NEW ZEALAND FOUNDATION OF THE BLIND**

*24<sup>th</sup> December 2004*

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# 1. EPIDEMIOLOGY – ESTIMATES OF THE BLIND AND VISION IMPAIRED POPULATION

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## 1.1 Royal New Zealand Foundation of the Blind Membership Database

### 1.1.1 Data Collection

RNZFB collects detailed information about individuals when they become members. The records include information about members' demographic profiles, physical location, eye condition, visual acuity and field of vision. The data is recorded in an electronic database and is infrequently updated. Some records in the database are incomplete, including information about field of vision and acuity. There are a variety of reasons for the incompleteness of the data-set, however auditing the database would be a lengthy exercise beyond the resources of the current research. Therefore the research relies on existing records and gaps have been filled throughout the analysis where possible (for more information please see separate document: 'Data Collection Issues Encountered During the RNZFB Costs of Blindness Research').

### 1.1.2 RNZFB Membership Demographic Data

In summary, the RNZFB membership data shows:

- In June 2004, there were 11,293 RNZFB members. Of these 10,012 (88.7%) were voting members and 1,281 (11.3%) were provisional members.
- Approximately 67% of members were aged over 65, 26% of members were aged 18-65, 6% of members were aged 0-18 and 67 members did not have age related information recorded.
- Approximately 63% of members were female. There was no gender data recorded for 7 members.
- 86% of members were NZ European and 6% were Maori.

### 1.1.3 RNZFB Membership Visual Status Data

The data collected about members' visual performance is limited to a set range of variables. The five variables collected about individual's visual status are:

- Right Eye Visual Acuity
- Left Eye Visual Acuity
- Binocular Visual Acuity
- Right Eye Field of Vision
- Left Eye Field of Vision.

There are gaps in individual member's acuity information in either or both eyes and field of vision. Additionally, the data collected represents individuals' visual status when they become members and does not show whether visual status has deteriorated overtime. Nevertheless, this data provides a snapshot of the best available information about the membership population at the time of the current research.

#### **1.1.4 RNZFB Membership Visual Status Analysis Methods**

Approximately 28% of the membership (3,109 members) has data recorded for all five visual status variables. However, 1,860 members (16%) have no recorded visual status information. RNZFB accepts members with sight in their best eye of 6/24 or worse; therefore we know that all members fit the criteria for Low Vision at best. The researchers decided to apply the shares of blind and low vision for the known members across the unknown members to estimate the number of blind and vision-impaired people. This section discusses the methods for this allocation process.

The visual acuity information recorded for members is reported using a variety of ophthalmology techniques. Market Economics consulted Rob Jacobs, Head of the Department of Optometry and Vision Sciences at The University of Auckland, to understand the relationship between the acuity measures. Rob Jacobs devised a formula to show how a given acuity matched one of the three WHO visual performance categories by converting different acuity variables to comparable Log MAR values. This allowed Market Economics to attach visual performance codes alongside the acuity information collected in the RNZFB database.

The six key steps in the process are outlined below:

##### **Step 1: Examine Visual Acuity and Field of Vision of Left & Right Eye**

The first step involved examining visual status for each eye according to the field of vision and visual acuity records. The research team decided to consider both visual acuity and field of vision as having the same importance. Therefore, if a member had low vision in their left eye according to their visual acuity but blindness in their left eye according to their field of vision, the member was classified as blind. Where a member only had information about visual acuity or field of vision it has been assumed that the missing measurement is the same as the recorded measurement. This means that a person with low vision according to their acuity measurement with no field of vision information recorded has been classified as vision-impaired in that eye. This analysis concerned 8,675 members with information recorded for both eyes.

##### **Step 2: Examine Visual Acuity and Field of Vision Records for One Eye**

Where there is data recorded for only one eye in the database, it has been assumed that the other eye is the same as the eye recorded. Therefore if a member has low vision in their right eye it has been assumed that they have low vision in their left eye also. There were 491 members with visual status records for only one eye.

##### **Step 3: Examine Visual Acuity for Binocular Vision**

For those members without acuity information recorded for either eye, binocular acuity information has been considered the best indicator of visual impairment. We have made the assumption that the records for binocular vision represent the best eye visual status.

There were an additional 38 members who had acuity information recorded for binocular vision.

**Step 4: Examine Visual Acuity and Field of Vision Records for Binocular Vision & One Eye Records**

Approximately 2% of members (229) have information recorded for one eye and binocular vision. In these cases we have assumed that the best eye visual status is the lesser of the two measures of visual performance.

**Step 5: Categorise Visual Status for Best Eye and Worst Eye**

RNZFB member's visual status has been classified according to their best eye because people with low vision in one eye and blindness in the other eye face different costs than individuals who are blind in both eyes. By grouping the results from each of the four previous steps of the analysis, we have built a profile of RNZFB members (refer to Figure A).

**Figure A: Initial Best Eye Summary Data for RNZFB members**

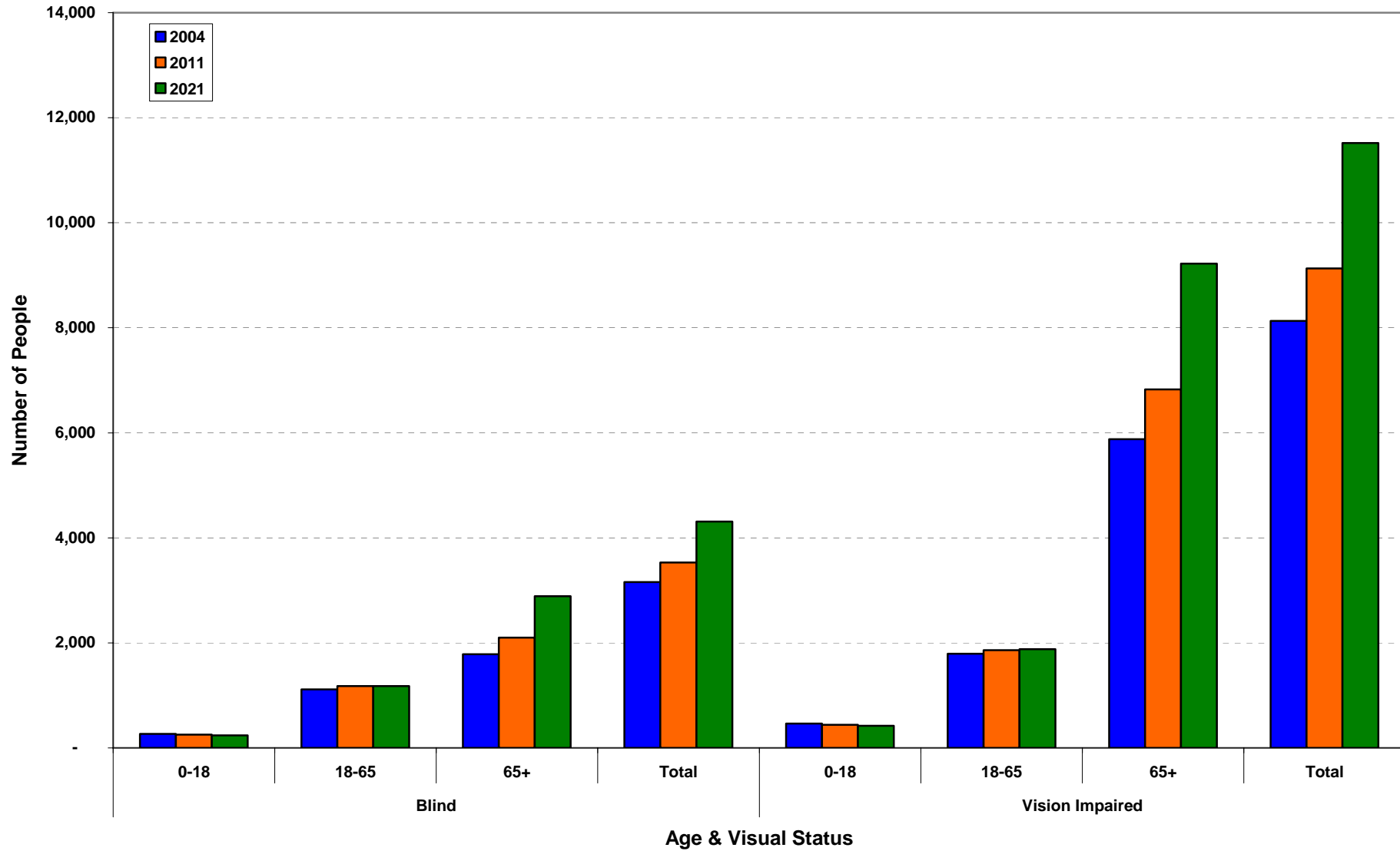


Figure A shows 13% had best eye records implying they had normal vision. However, membership requirements state that members must have visual acuity in their best eye of 6/24 or worse. Therefore, we know that no RNZFB members can have normal vision. There are a number of reasons for these anomalies, mainly relating to the initial data collection process. The researchers decided that members with normal vision recorded in the database should be distributed across vision impairment and blind categories according to the distribution of known blind and vision-impaired members by age, gender and ethnicity.

### **Step 6: Distribute Best Eye Visual Status across Normal Sighted and Unknown records**

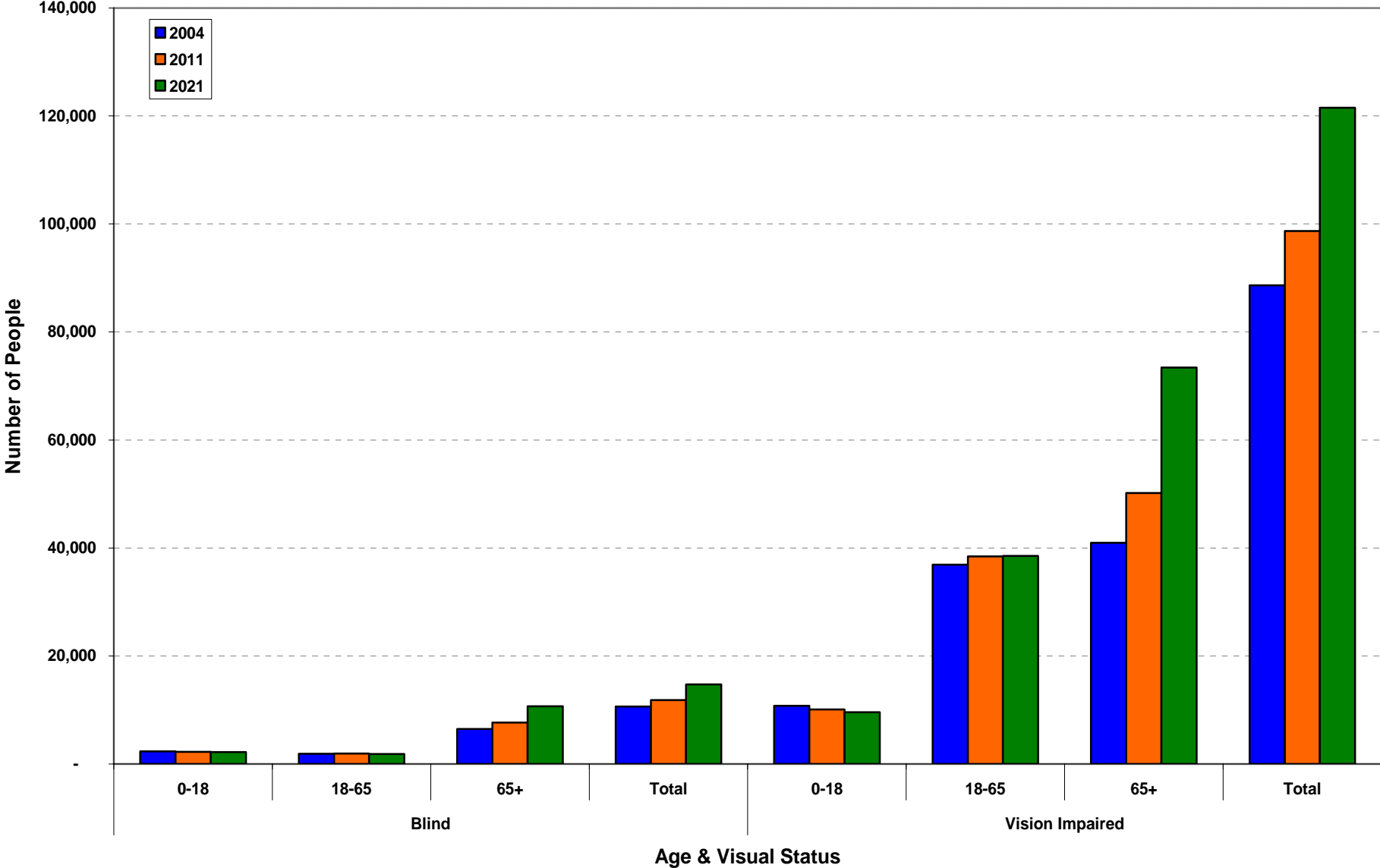
There are 3,349 members (30%) with unknown or normal visual status recorded in the database. These members have been pro-rated across blind and vision-impaired categories according to age, gender and ethnicity profiles of the known RNZFB members.

#### **1.1.5 RNZFB Membership Visual Status**

Figure B shows the final distribution of 2004 RNZFB members according to visual status, age, gender and ethnicity. Key points arising from this analysis include:

- Approximately 72% of members (8,130) are vision-impaired;
- NZ European vision-impaired members comprise 63% (7,130) of total members;
- NZ European blind members constitute 22% (2,540) of total members;
- Maori vision-impaired members comprise 4% (390) of total members;
- Maori blind members constitute 3% (280) of total members;
- Other ethnic vision-impaired members comprise 5% (620) of total members; and
- Other ethnic blind members comprise 3% (340) of total members.

**Figure B: Final Distribution of 2004 RNZFB members**



## **1.2 Statistics New Zealand Disability Survey 2001**

### **1.2.1 Data Collection**

Statistics New Zealand conducts a Disability Survey every five years. The 2001 survey sampled approximately 38,500 people living in households (with and without disabilities) and approximately 1,000 people living in residential facilities (with and without disabilities). Three surveys were conducted that are relevant to this study; the Adult Household Disability Survey, the Child Household Disability Survey and the Residential Facilities Disability Survey.

The first component of each survey was a screening questionnaire to establish the prevalence of disability in New Zealand society. The second component addressed issues such as support and costs related to disability.

Statistics New Zealand used the following two screening questions to determine a respondent's visual status:

*“Can you see ordinary newspaper print, with glasses or contact lenses if you usually wear them: easily, with difficulty or not at all?”*

*“Can you clearly see the face of someone across a room (that is from 4 metres or 12 feet away), with glasses or contact lenses if you usually wear them: easily, with difficulty or not at all?”*

Respondents indicated their perceived level of visual disability rather than their scientifically recorded visual status. The subjective nature of these questions means that the results of the Disability Survey may under or over estimate the level of vision impairment in New Zealand.

Statistics New Zealand has categorised the responses so that respondents answering ‘not at all’ to both questions were classified as blind and respondents answering any combination of ‘with difficulty’, ‘not at all’ and ‘easily’ were classified as vision-impaired. Respondents answering ‘easily’ to both questions were not classified as having a visual impairment.

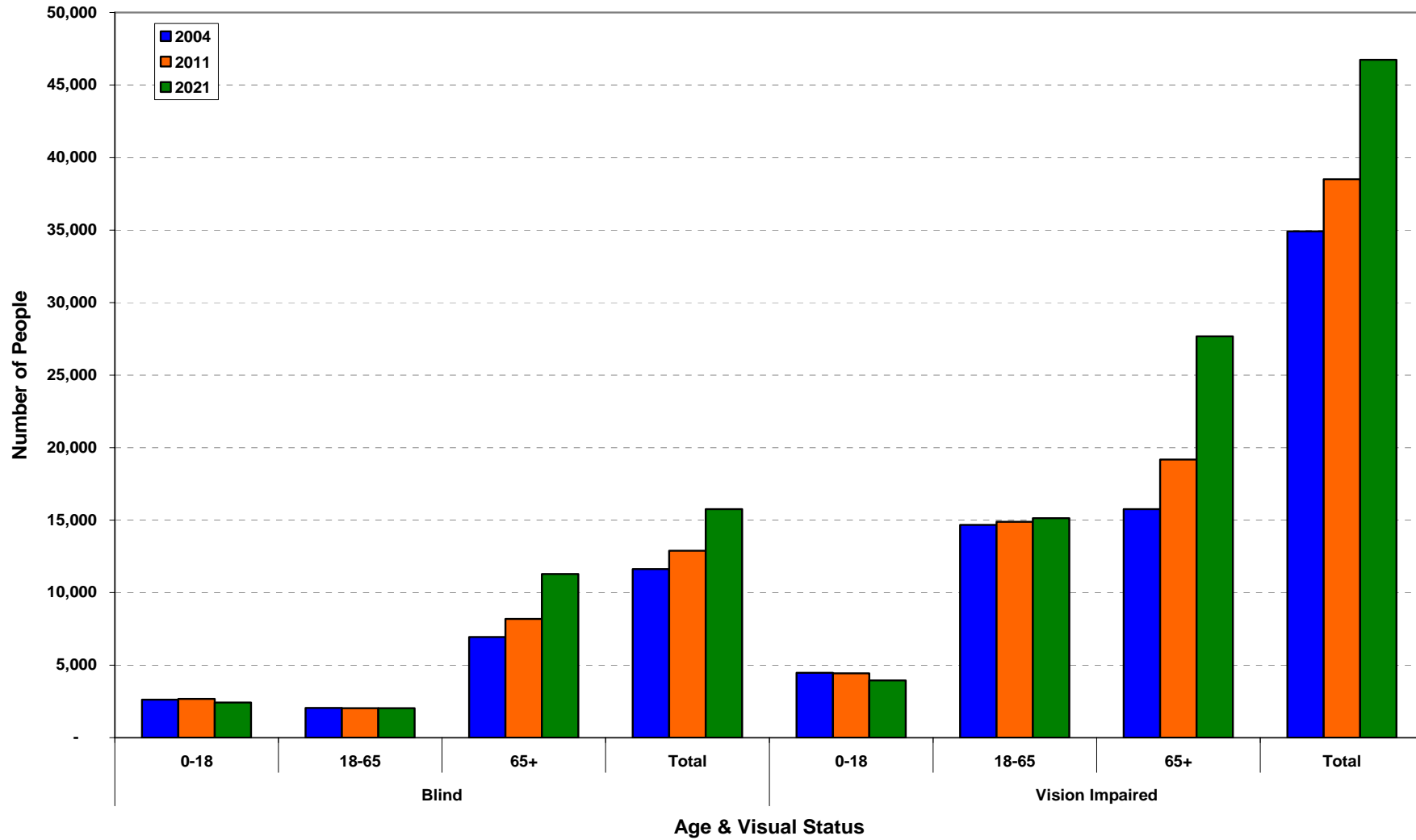
### **1.2.2 Disability Survey Estimates of Visual Status**

The results from the Disability Survey indicate:

- In 2001 there were 10,100 blind and 84,500 vision-impaired individuals (Figure C);
- Females accounted for approximately 60% of the blind and vision-impaired population;
- Females aged over 65 years accounted for 42% of the blind population compared with males aged over 65 years accounting for 19%;
- Females aged over 65 years accounted for 30% of the vision-impaired population compared with males aged over 65 accounting for 16%;

- Overall, females aged over 65 years accounted for 7% of the total New Zealand population and males accounted for 5% of the population. This means that blind and vision-impaired people are over represented in the older age groups;
- Males aged less than 15 years accounted for 15% of the blind population compared with females aged less than 15 years accounting for 8%;
- Overall, females aged under 15 years accounted for 11% of the total New Zealand population and males accounted for 12% of the population;
- Approximately 14% of the vision-impaired and blind population (13,200) were children (aged less than 15 years);
- Over 12% of vision-impaired and blind people (11,700) lived in residential facilities;
- 75% of the blind and vision-impaired population were NZ European;
- 15% of the blind and vision-impaired population were Maori; and
- 10% of the blind and vision-impaired population comprised 'other' ethnicities.

**Figure C: 2001 NZ Disability Survey Estimates of Visual Status**



### **1.2.2.1 Standardising Statistics NZ Disability Survey 2001 results to 2004 Estimates**

Statistics New Zealand provided two cross tabulations from each of the surveys for this study. The first table cross tabulates age, gender and visual status. The second table cross tabulates ethnicity and visual status. Statistics New Zealand would not release a cross tabulation of age, sex, ethnicity and visual status because the confidence levels for the data would be diminished.

Market Economics has produced a cross tabulation of the Disability Survey data using the two tables and age, sex and gender distributions for 2001 for the total New Zealand population. This information will be used to project future blind and vision-impaired populations. The following two key steps were involved in this process:

In order to refine these latter two estimates into more useful forms the following data manipulations were conducted:

1. Statistics NZ Disability Survey estimates for 2001 have been expanded to reflect the 2004 population for the high estimate.
2. The ophthalmologist guided medium estimates have been distributed according to the Disability Survey derived profile to show blind and visually impairment according to age, sex and ethnicity.

#### **Step One: Apply Ethnicity Distribution to Total Blind & Vision-impaired Estimates**

Statistics New Zealand provided a table of ethnicity by visual status from the Child Survey. This shows the ethnic distribution of 0-15 year olds by visual status. We have applied the ethnic distribution across total 0-15 year olds to derive a total ethnic distribution. In order to distribute total 0-15 year olds for each ethnic group across males and females, we have assumed the male to female ratio is the same as the overall New Zealand male to female ratio for 0-15 year olds.

The ethnic distribution of adults has been calculated by applying the ethnic shares from the Household Survey and Residential Facilities Survey to the totals by age group and visual status. In order to distribute adults by gender, we have assumed the male to female ratio for each age group is the same as the overall New Zealand male to female ratio.

#### **Step Two: Produce 2004 Estimates**

Shares of total New Zealand population have been derived by dividing the number of people by age, sex, ethnicity and visual status distribution for 2001 by the number of New Zealanders by age, sex and ethnicity for 2001. These shares have been applied to the estimated New Zealand population by age, gender and ethnicity to derive a 2004 estimate of blind and vision-impaired New Zealanders. Table 1 shows the 2004 distribution of blind and vision-impaired New Zealanders according to the 2001 Disability Survey results.

- Approximately 89% of blind and vision-impaired people are vision-impaired (88,700) in 2004;
- There are 10,700 blind New Zealanders in 2004;
- NZ European vision-impaired people comprise 64% (64,000) of blind and vision-impaired New Zealanders;
- Maori vision-impaired people comprise 14% (14,100) of blind and vision-impaired New Zealanders; and
- 'Other' ethnic vision-impaired comprise 11% (10,600) of blind and vision-impaired New Zealanders.

**Table 1: Distribution of Blind and Vision-Impaired New Zealanders According to 2001 Disability Survey Results**

Ethnicity	Gender	Age	2004 Estimates			Share of Total		
			Blind	Vision Impaired	Total	Blind	Vision Impaired	Total
<b>NZ European</b>	<b>Female</b>	0-15	410	3,360	<b>3,770</b>	0.4%	3.4%	3.8%
		15-65	890	15,370	<b>16,260</b>	0.9%	15.5%	16.4%
		65+	3,840	19,700	<b>23,540</b>	3.9%	19.8%	23.7%
		<b>TOTAL</b>	<b>5,140</b>	<b>38,430</b>	<b>43,570</b>	<b>5.2%</b>	<b>38.7%</b>	<b>43.9%</b>
	<b>Male</b>	0-15	760	3,360	<b>4,120</b>	0.8%	3.4%	4.1%
		15-65	720	11,910	<b>12,630</b>	0.7%	12.0%	12.7%
		65+	1,740	10,330	<b>12,070</b>	1.8%	10.4%	12.2%
		<b>TOTAL</b>	<b>3,220</b>	<b>25,600</b>	<b>28,820</b>	<b>3.2%</b>	<b>25.8%</b>	<b>29.0%</b>
	<b>Total</b>	0-15	1,170	6,720	<b>7,890</b>	1.2%	6.8%	7.9%
		15-65	1,610	27,280	<b>28,890</b>	1.6%	27.5%	29.1%
		65+	5,580	30,030	<b>35,610</b>	5.6%	30.2%	35.9%
		<b>TOTAL</b>	<b>8,360</b>	<b>64,030</b>	<b>72,390</b>	<b>8.4%</b>	<b>64.5%</b>	<b>72.9%</b>
<b>Maori</b>	<b>Female</b>	0-15	240	1,340	<b>1,580</b>	0.2%	1.3%	1.6%
		15-65	40	2,990	<b>3,030</b>	0.0%	3.0%	3.1%
		65+	190	3,980	<b>4,170</b>	0.2%	4.0%	4.2%
		<b>TOTAL</b>	<b>470</b>	<b>8,310</b>	<b>8,780</b>	<b>0.5%</b>	<b>8.4%</b>	<b>8.8%</b>

	<b>Male</b>	0-15	460	1,340	<b>1,800</b>	0.5%	1.3%	1.8%
		15-65	30	2,240	<b>2,270</b>	0.0%	2.3%	2.3%
		65+	90	2,170	<b>2,260</b>	0.1%	2.2%	2.3%
		<b>TOTAL</b>	<b>580</b>	<b>5,750</b>	<b>6,330</b>	<b>0.6%</b>	<b>5.8%</b>	<b>6.4%</b>
	<b>Total</b>	0-15	700	2,680	<b>3,380</b>	0.7%	2.7%	3.4%
		15-65	70	5,230	<b>5,300</b>	0.1%	5.3%	5.3%
		65+	280	6,150	<b>6,430</b>	0.3%	6.2%	6.5%
		<b>TOTAL</b>	<b>1,050</b>	<b>14,060</b>	<b>15,110</b>	<b>1.1%</b>	<b>14.2%</b>	<b>15.2%</b>
<b>Other</b>	<b>Female</b>	0-15	160	700	<b>860</b>	0.2%	0.7%	0.9%
		15-65	100	2,520	<b>2,620</b>	0.1%	2.5%	2.6%
		65+	400	3,060	<b>3,460</b>	0.4%	3.1%	3.5%
		<b>TOTAL</b>	<b>660</b>	<b>6,280</b>	<b>6,940</b>	<b>0.7%</b>	<b>6.3%</b>	<b>7.0%</b>
	<b>Male</b>	0-15	300	680	<b>980</b>	0.3%	0.7%	1.0%
		15-65	80	1,890	<b>1,970</b>	0.1%	1.9%	2.0%
		65+	190	1,700	<b>1,890</b>	0.2%	1.7%	1.9%
		<b>TOTAL</b>	<b>570</b>	<b>4,270</b>	<b>4,840</b>	<b>0.6%</b>	<b>4.3%</b>	<b>4.9%</b>
	<b>Total</b>	0-15	460	1,380	<b>1,840</b>	0.5%	1.4%	1.9%
		15-65	180	4,410	<b>4,590</b>	0.2%	4.4%	4.6%
		65+	590	4,760	<b>5,350</b>	0.6%	4.8%	5.4%

		<b>TOTAL</b>	<b>1,230</b>	<b>10,550</b>	<b>11,780</b>	<b>1.2%</b>	<b>10.6%</b>	<b>11.9%</b>
<b>Total</b>	<b>Female</b>	0-15	810	5,400	<b>6,210</b>	0.8%	5.4%	6.3%
		15-65	1,030	20,880	<b>21,910</b>	1.0%	21.0%	22.1%
		65+	4,430	26,740	<b>31,170</b>	4.5%	26.9%	31.4%
		<b>TOTAL</b>	<b>6,270</b>	<b>53,020</b>	<b>59,290</b>	<b>6.3%</b>	<b>53.4%</b>	<b>59.7%</b>
	<b>Male</b>	0-15	1,520	5,380	<b>6,900</b>	1.5%	5.4%	7.0%
		15-65	830	16,040	<b>16,870</b>	0.8%	16.2%	17.0%
		65+	2,020	14,200	<b>16,220</b>	2.0%	14.3%	16.3%
		<b>TOTAL</b>	<b>4,370</b>	<b>35,620</b>	<b>39,990</b>	<b>4.4%</b>	<b>35.9%</b>	<b>40.3%</b>
	<b>Total</b>	0-15	2,330	10,780	<b>13,110</b>	2.3%	10.9%	13.2%
		15-65	1,860	36,920	<b>38,780</b>	1.9%	37.2%	39.1%
		65+	6,450	40,940	<b>47,390</b>	6.5%	41.2%	47.7%
		<b>TOTAL</b>	<b>10,640</b>	<b>88,640</b>	<b>99,280</b>	<b>10.7%</b>	<b>89.3%</b>	<b>100.0%</b>

### **1.2.3 Apply Age, Sex, Ethnicity Distribution to Medium Estimate Scenario**

We have distributed the ophthalmologist guided medium estimates of blindness and vision impairment according to the age, sex, ethnicity distribution of the Statistics New Zealand estimates to provide a framework for projecting future blindness and vision impairment. Table 2 shows the distribution for the estimated 11,600 blind and 34,900 vision-impaired people. The estimate of blind New Zealanders is approximately 1,000 more than the Disability Survey estimates, whilst the vision-impaired estimates are 54,000 less than the Disability Survey estimates.

**Table 2: 2004 Estimates of Blind and Vision-Impaired Population**

Ethnicity	Gender	Age	2004 Estimates			Share of Total		
			Blind	Vision Impaired	Total	Blind	Vision Impaired	Total
NZ European	Female	0-15	480	1,440	1,920	1.0%	3.1%	4.1%
		15-65	1,000	6,290	7,290	2.1%	13.5%	15.7%
		65+	4,250	7,910	12,160	9.1%	17.0%	26.1%
		<b>TOTAL</b>	<b>5,730</b>	<b>15,640</b>	<b>21,370</b>	<b>12.3%</b>	<b>33.6%</b>	<b>45.9%</b>
	Male	0-15	890	1,440	2,330	1.9%	3.1%	5.0%
		15-65	810	4,870	5,680	1.7%	10.5%	12.2%
		65+	1,900	4,090	5,990	4.1%	8.8%	12.9%
		<b>TOTAL</b>	<b>3,600</b>	<b>10,400</b>	<b>14,000</b>	<b>7.7%</b>	<b>22.4%</b>	<b>30.1%</b>
	Total	0-15	1,370	2,880	4,250	2.9%	6.2%	9.1%
		15-65	1,810	11,160	12,970	3.9%	24.0%	27.9%
65+		6,150	12,000	18,150	13.2%	25.8%	39.0%	
<b>TOTAL</b>		<b>9,330</b>	<b>26,040</b>	<b>35,370</b>	<b>20.1%</b>	<b>56.0%</b>	<b>76.0%</b>	
Maori	Female	0-15	270	550	820	0.6%	1.2%	1.8%
		15-65	50	1,180	1,230	0.1%	2.5%	2.6%
		65+	180	1,420	1,600	0.4%	3.1%	3.4%
		<b>TOTAL</b>	<b>500</b>	<b>3,150</b>	<b>3,650</b>	<b>1.1%</b>	<b>6.8%</b>	<b>7.8%</b>
	Male	0-15	520	550	1,070	1.1%	1.2%	2.3%
		15-65	30	880	910	0.1%	1.9%	2.0%
		65+	90	780	870	0.2%	1.7%	1.9%
		<b>TOTAL</b>	<b>640</b>	<b>2,210</b>	<b>2,850</b>	<b>1.4%</b>	<b>4.7%</b>	<b>6.1%</b>

	<b>Total</b>	0-15	790	1,100	<b>1,890</b>	1.7%	2.4%	4.1%
		15-65	80	2,060	<b>2,140</b>	0.2%	4.4%	4.6%
		65+	270	2,200	<b>2,470</b>	0.6%	4.7%	5.3%
		<b>TOTAL</b>	<b>1,140</b>	<b>5,360</b>	<b>6,500</b>	<b>2.5%</b>	<b>11.5%</b>	<b>14.0%</b>
<b>Other</b>	<b>Female</b>	0-15	160	250	<b>410</b>	0.3%	0.5%	0.9%
		15-65	90	840	<b>930</b>	0.2%	1.8%	2.0%
		65+	360	1,010	<b>1,370</b>	0.8%	2.2%	2.9%
		<b>TOTAL</b>	<b>610</b>	<b>2,100</b>	<b>2,710</b>	<b>1.3%</b>	<b>4.5%</b>	<b>5.8%</b>
	<b>Male</b>	0-15	300	240	<b>540</b>	0.6%	0.5%	1.2%
		15-65	70	620	<b>690</b>	0.2%	1.3%	1.5%
		65+	170	550	<b>720</b>	0.4%	1.2%	1.5%
		<b>TOTAL</b>	<b>540</b>	<b>1,410</b>	<b>1,950</b>	<b>1.2%</b>	<b>3.0%</b>	<b>4.2%</b>
	<b>Total</b>	0-15	460	490	<b>950</b>	1.0%	1.1%	2.0%
		15-65	160	1,460	<b>1,620</b>	0.3%	3.1%	3.5%
		65+	530	1,560	<b>2,090</b>	1.1%	3.4%	4.5%
		<b>TOTAL</b>	<b>1,150</b>	<b>3,510</b>	<b>4,660</b>	<b>2.5%</b>	<b>7.5%</b>	<b>10.0%</b>
<b>Total</b>	<b>Female</b>	0-15	910	2,240	<b>3,150</b>	2.0%	4.8%	6.8%
		15-65	1,140	8,310	<b>9,450</b>	2.5%	17.9%	20.3%
		65+	4,790	10,340	<b>15,130</b>	10.3%	22.2%	32.5%
		<b>TOTAL</b>	<b>6,840</b>	<b>20,890</b>	<b>27,730</b>	<b>14.7%</b>	<b>44.9%</b>	<b>59.6%</b>
	<b>Male</b>	0-15	1,710	2,230	<b>3,940</b>	3.7%	4.8%	8.5%
		15-65	910	6,370	<b>7,280</b>	2.0%	13.7%	15.6%
		65+	2,160	5,420	<b>7,580</b>	4.6%	11.6%	16.3%
		<b>TOTAL</b>	<b>4,780</b>	<b>14,020</b>	<b>18,800</b>	<b>10.3%</b>	<b>30.1%</b>	<b>40.4%</b>

	<b>Total</b>	0-15	2,620	4,470	<b>7,090</b>	5.6%	9.6%	15.2%
		15-65	2,050	14,680	<b>16,730</b>	4.4%	31.5%	36.0%
		65+	6,950	15,760	<b>22,710</b>	14.9%	33.9%	48.8%
		<b>TOTAL</b>	<b>11,620</b>	<b>34,910</b>	<b>46,530</b>	<b>25.0%</b>	<b>75.0%</b>	<b>100.0%</b>

## **1.3 Vision Education Agency National Database for Learners who are Blind and Vision-impaired**

### **1.3.1 Data Collection**

The Vision Education Agency (VEA) is an independent organisation that researches and provides information about the educational needs of blind and vision-impaired students. VEA collects data from every student that receives Ongoing Reviewable Resource Scheme (ORRS) teacher time due to a visual impairment. The data is collected in the National Database for Learners who are blind or vision-impaired. The database contains demographic, communication and resourcing information for every student.

### **1.3.2 VEA Estimates of Children's Visual Status**

The VEA had 1,110 students with vision impairment or blindness in 2002. Of these students, 230 had visual acuity of 6/18, equating to Normal Vision in the WHO Classification of Visual Performance. The VEA monitors students with 6/18 visual acuity or worse because poor vision may impede children's educational attainment. This also means that students with multiple disabilities (for examples vision impairment and intellectual disabilities) can get support from the agency.

There were 359 students for whom visual acuity information had not been collected. These students have been pro-rated across blind and vision-impaired categories according to age and sex (Table 3).

- Approximately 20% of students are blind, 50% are vision-impaired and 30% are normal sighted;
- 58% of students are male;
- 5% of students are aged over 18 years;
- 65% of students were NZ European;
- 21% of students were Maori; and
- 14% of students were 'other' ethnicities.

**Table 3: VEA Students with Blindness or Vision Impairment (2002)**

Gender	Age Group	Blind	Vision-impaired	Sighted	Total
<b>Male</b>	0-18	112	307	184	603
	18+	10	21	2	33
	<i>Total</i>	122	328	186	636
<b>Female</b>	0-18	89	216	144	449
	18+	5	10	5	20
	<i>Total</i>	94	226	149	469
<b>Total</b>	0-18	201	523	328	1,052
	18+	15	31	7	53
	<i>Total</i>	216	554	335	1,105

### 1.3.3 Land Transport Safety Authority Drivers Licensing

The Land Transport Safety Authority (LTSA) is responsible for issuing drivers licences in New Zealand. Every person applying for a new licence or renewing a driver's licence has their vision tested at the time of the application. Individuals must have a visual acuity better than 6/18 to be eligible for a drivers licence.

LTSA provided a breakdown of the number of applicants who remained unfit for driving, because of their vision, for the last five years. The May 1999 to June 2000 period was unusual because all driver licences were reissued in the new plastic form. This meant that every driver had to reapply for a licence, and were consequently vision tested.

It is unclear whether applicants have reapplied over time for drivers licences and been refused again. This means that the figures may over estimate the number of applicants with vision impairment. Additionally, blind and vision-impaired individuals who know their visual acuity is worse than 6/18 may not apply for a drivers licence because they know they will fail the eyesight test.

### 1.3.4 May 1999-June 2000 Unfit Applications

The main points from the LTSA data for unfit applications for the May 1999-June 2000 period are:

- There were 2,146 unfit applications due to vision worse than 6/18 acuity;
- Young males (15-39 years) accounted for 31% (658) of unfit applications;
- Young females (15-39 years) accounted for 26% (551) of unfit applications;

- Middle aged males (40-64 years) accounted for 19% (404) of unfit applications;
- Middle aged females (40-64 years) accounted for 11% (226) of unfit applications;
- Older males (older than 65 years) accounted for 13% (282) of unfit applications; and,
- Older females (older than 65 years) accounted for 8% (174) of unfit applications.

### **1.3.5 July 2000-June 2001 Unfit Applications**

The main points from the LTSA data for unfit applications for the July 2000-June 2001 period are:

- There were 822 unfit applications due to vision worse than 6/18 acuity;
- Overall, young people (15-39 years) accounted for 73% (597) of unfit applications;
- Middle aged people (40-64 years) accounted for 22% (179) of unfit applications; and,
- Older people (older than 65 years) accounted for 6% (46) of unfit applications.

### **1.3.6 July 2001-June 2002 Unfit Applications**

The main points from the LTSA data for unfit applications for the July 2001-June 2002 period are:

- There were 928 unfit applications due to vision worse than 6/18 acuity;
- Overall, young people (15-39 years) accounted for 83% (771) of unfit applications;
- Middle aged people (40-64 years) accounted for 13% (124) of unfit applications; and,
- Older people (older than 65 years) accounted for 4% (33) of unfit applications.

### **1.3.7 July 2002-June 2003 Unfit Applications**

The main points from the LTSA data for unfit applications for the July 2002-June 2003 period are:

- There were 1,487 unfit applications due to vision worse than 6/18 acuity;
- Overall, young people (15-39 years) accounted for 85% (1,265) of unfit applications;
- Middle aged people (40-64 years) accounted for 13% (186) of unfit applications; and,
- Older people (older than 65 years) accounted for 2% (36) of unfit applications

## 2. SURVEY RESPONDENT DEMOGRAPHICS

The following table (Table 4) describes the total group of people interviewed in the survey and how they were appointed by key variables. The left-hand column describes the raw data unweighted while the right shows weighted data as used in the final reporting.

*Table 4: RNZFB Cost of Blindness Survey Respondents by Key Demographics*

Demographic Detail	Unweighted	Weighted
Male	46%	38%
Female	54%	62%
Less than 18 years old	8%	7%
Between 18- 65 years old	56%	28%
Over 65 years old	36%	65%
Metropolitan	38%	41%
Provincial	34%	33%
Rural	28%	26%
Pakeha/ NZ European	70%	85%
Maori	14%	7%
Other	16%	9%
ARMD	19%	36%
Cataract	4%	3%
Diabetic Retinopathy	5%	3%
Glaucoma	8%	5%
Optic Atrophy	1%	2%
Retinitis Pigmentosa	10%	3%
Other	33%	21%
Unsure/ Don't Know	21%	26%
<b>Employed</b>	20%	11%
- Full time	13%	3%
- Part time	7%	5%
Retired	39%	66%
Not in employment	42%	36%
Living alone	26%	Not weighted
Living with partner, no children	33%	
Living with partner & children	14%	
Living with children only	4%	

Living with friends/flatmates	3%	
Living with family/parents	18%	
Living in a residential facility	1%	
<b>Highest Educational level</b>		Not weighted
No education	1%	
Primary School	3%	
Intermediate	41%	
School Certificate (NCEA L1)	17%	
Sixth Form Cert. (NCEA L2)	8%	
Bursary (NCEA L3)	4%	
Certificate/ Diploma	14%	
Degree	5%	
Postgraduate Qualification	7%	
<b>Benefits received</b>		Not weighted
Invalids Benefit	35%	
Sickness Benefit	5%	
ACC	5%	
NZ Superannuation	39%	
Disability Allowance	37%	
Accommodation Supplement	21%	
Blind Subsidy	22% <sup>1</sup>	
<b>Annual Household income</b>		Not weighted
Less than \$10,000	11%	
\$10,000 to \$29,999	45%	
\$30,000 to \$59,999	18%	
\$60,000 to \$79,999	4%	
\$80,000 to \$99,999	3%	
\$100,000 to \$119,999	2%	
\$120,000 or more	3%	
Refused/ Don't Know	16%	

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<sup>1</sup> Of those receiving the Invalid's Benefit

### 3. AVERAGE COST FOR THE BLIND/VISION IMPAIRED INDIVIDUAL

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The following table (Table 5) presents the average annual cost to blind/ vision impaired persons (and their families) based on information collected from respondents in the RNZFB Costs of Blindness Survey. These average costs have been generated using cost estimates as based on the RNZFB Population of 11,293 blind and vision impaired persons.

Please note that these figures should be treated with caution as it is likely that these average costs will understate the true cost experienced; to generate an average cost, figures have been divided by the total RNZFB Population and not by those specific individuals experiencing the particular cost.

*Table 5: Average Annual Cost to Blind/ Vision Impaired Individuals  
As reported in the RNZFB Cost of Blindness Survey*

<b>Cost area</b>	<b>Average Cost to Individual (\$)</b>
Annual Work Related Travel Costs	44.10
Annual Time Cost of Travel to and from Work	16.82
Annual Cost of Workplace Assistance	3.19
Annual Financial Cost of Workplace Modifications	0.56
Annual Time Cost of Workplace Modifications	5.23
Annual Communication Equipment Cost	150.98
Annual Computer Software Cost	5.67
Annual Braille Equipment Cost	45.60
Annual Misc. Equipment Cost	20.10
Annual Equipment Training Financial Cost	3.63
Annual Equipment Training Time Cost	18.68

Annual Equipment Repair and Maintenance Cost	34.71
Annual Time Cost of Undertaking Domestic and Personal Tasks	1,727.62
Annual Financial Cost of Undertaking Domestic and Personal Tasks	400.69
Annual Time Cost of doing Shopping	470.20
Annual Shopping Financial Costs	9.03
Annual Housing Financial Costs	26.57
Annual Recreation Financial Costs	28.78
Annual Recreation Time Cost	393.34
Annual Voluntary Work Financial Costs	0.27
Annual Voluntary Work Time Costs	526.70
Annual Short Distance Travel Financial Costs	289.29
Annual Short Distance Travel Time Costs	791.82
Annual Medical & Health Consultations Financial Cost	171.08
Annual Medical & Health Consultations Time Cost	1.59
Annual Medication and Drugs Financial Costs	72.34

For a more accurate description of average costs, as experienced by those individuals reporting cost in the RNZFB Cost of Blindness Survey please a separate reporting document of these results- 'The Costs of Blindness Survey- Initial Topline findings' (May 2004).

## 4. KEY INFORMANT INTERVIEW SCHEDULE

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### 1. Introduction

- To Gravititas
- To research objectives, methods and stages
- To aims of the interview
- Confidentiality, use of audio tape
- Any participant questions?

### 2. Background

Introduction to participant

Experience in the costs of blindness

### 3. Defining the Costs of Blindness

- *Previous research concludes that there are multiple and diverse costs of blindness.*
- *We understand costs of blindness to include all costs above and beyond that which would be encountered if a person did not have vision impairment.*
- *Costs of blindness may therefore be considered as extra costs incurred because of blindness or vision impairment.*
- *Costs may include direct, non-optional financial costs, time costs, qualitative 'quality of life' costs, opportunity costs (e.g. the cost of opportunities foregone or lost because of the sight impairment), and societal costs - all goods, services, and benefits provided in response to blindness, including government and organisational expenditure, subsidies, concessions, equipment and services.*

Comments on these definitions and categorisations?

Would you revise or add to them in any way?

- *Previous research also indicates that the costs of blindness are very individual and are influenced by many factors.*

In your opinion, what factors influence what, when and how costs are incurred?

*For each factor identified, PROBE the nature/direction of influence and outcome/impacts.*

*If necessary PROBE: onset of disease; age and life stage; gender; ethnicity; location.*

#### 4. Costs of Blindness

What would you consider to be the most significant costs of blindness for individuals?

For each identified PROBE:

- *what types of costs are incurred – financial, time, opportunity.*
- *when, where, how do costs occur*
- *examples from own experience?*

EXPLORE:

- *Medical and Sensory Aid Equipment and Services*
- *Accommodation/living decisions*
- *Day to day activities around the home*
- *Parenting*
- *Transport and mobility*
- *Schooling/Education*
- *Employment*
- *Sport, recreation and leisure activities*
- *Social/Emotional costs*
- *Involvement in community, cultural and religious activities*
- *Communication*
  
- *Previous research has also identified direct costs associated with daily living as a major cost area. For each (communication, accommodation, home living, home help, transport, shopping, leisure activities)*

PROBE:      what types of costs are incurred?  
                  when, where, how do costs occur  
                  examples from own experience?

- *Social costs related to blindness have also been discussed in previous research. These may not necessarily have a direct financial cost. Are you aware of any “costs” in this area? (e.g. socialisation, social activities, relationships, relationship breakdown, impact on families)*

PROBE      What is the nature of these costs?  
                  What impact do these costs have?

- *Any further comments*

**Thank and close**

## **5. FOCUS GROUP RECRUITMENT SCRIPT**

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*Kia ora/ Good Morning/afternoon, my name is ... from the Royal New Zealand Foundation of the Blind. Could I please speak to ...?*

*The Foundation is currently undertaking focus group discussions with members to discuss the "Costs of Blindness". The groups will help inform the activities of the Foundation including service provision, advocacy, and policy development.*

*We are ringing you to see if you would be interested in attending one of the discussion groups. Your name has been chosen by the Foundation from the membership as someone who might be interested in participating.*

Discuss the proposed date, time and venue for the discussion group.

Date:

Time:

Venue:

***If unavailable or refused, thank and close***

***If available continue***

*The groups will discuss a range of costs including: financial, time and opportunity costs. Cost areas to be discussed are likely to include...*

*Your participation is totally voluntary and confidential; you will not be identified in any way through taking part. Your decision to participate or not in the group will in no way affect your relationship with the Foundation.*

*Members of Gravitas Research and Strategy on behalf of the Foundation will facilitate the discussion. It will take approximately 2 ½ hours and will be held at Awhina House in Parnell. Group members will be of a similar life-stage to you. Refreshments will be provided.*

*Support persons are most welcome to attend. If this person is a member of your household, we would also like them to participate in the discussion if possible. Their contribution will help our understanding of the total costs of blindness at the household level.*

***(If necessary) When would you like me to call back to confirm their participation?***

*Thank you for agreeing to take part. We will send you a letter confirming your participation and providing more details on what we would like to discuss in the group.*

*What is your preferred format for the letter? (Large print, email or Braille) I have your postal address as .... Is this correct?*

*If you have any further questions at this stage, please do not hesitate to ring the 0800 team (Ph 0800 24 33 33)*

## 6. FOCUS GROUP PARTICIPANTS

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The following provides a description of the RNZFB members that took part in Focus groups on the Costs of Blindness.

### **Youth Members Focus Group**

- Seven member participants and one support person
- All aged between 17-25 years
- All school leavers
- Four male, four female participants
- Six pakeha/other, one Maori and one Pacific Islands participant
- Five employed (part-time and full time) and three students (part time and full time)

### **Parents of Blind/ Vision Impaired Child members**

- Eight participants
- Two male, six female
- Six Pakeha, one other and one Maori participant
- Two children of pre-school age, four children primary/intermediate school and two children attending secondary school.

### **Middle/ Working Aged Group Members**

- Nine member participants and one support person
- All aged between 26-64 years
- Five male, four female
- Two self employed, three employed, four unemployed
- Five Pakeha/other, two Maori and two Pacific Islands participants

### **Older Aged Members**

- Ten participants and two support persons
- All aged 65 years and older
- Six male, six female
- Eight Pakeha/other, three Maori and one Pacific Islands participants

## **7. FOCUS GROUP INTERVIEW SCHEDULE**

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A 'master' interview schedule was developed as the basis of the four interview schedules used to moderate each focus group. The 'master' was tailored as appropriate to each group. The 'working aged' topic guide is provided as an example.

### **1. Introduction**

*To Gravitas*

*To research objectives*

*Acknowledge importance/value of participation*

*To aims of the focus group – how the group will run*

*Group rules and understanding – good to have differences, respect all contributions, group confidentiality, use of audio tape*

*Timing and breaks*

*Any questions*

*Remind of availability of support services available through the RNZFB.*

### **2. Background to Participants**

*I would like to start with a round of introductions. It would be useful to know a little more about everyone in the group*

- who you are, where you are from
- your family/living situation
- what you do
- your eye condition and your current degree of vision

### **3. Costs of Blindness**

*Costs of blindness are defined as the extra costs incurred on a day-to-day basis as a direct consequence of being blind or vision impaired. Costs of blindness therefore include all costs above and beyond those that you would encounter if you didn't have vision impairment. It is useful to consider the*

*costs of blindness as non-optional – that is, you do not have a choice in incurring the costs because of your blindness/vision impairment.*

*Costs of blindness can include money costs, time costs and opportunity costs – that is, the loss of time, income or opportunities due to your blindness or vision impairment.*

*Previous research concludes that there are multiple and diverse costs of blindness. Costs are likely to be individual to different people – we are not expecting that costs will be the same for everyone in the group.*

*We encouraged you to think about the costs of blindness you have experienced before coming to the group today/tonight.*

*What types of costs did you think about?*

Brain storm and write down, encourage general discussion about the type of costs being identified. Group costs into broad cost types and feed these back to the group

*Ask the group to identify, which if, any of the broad types of the costs they would consider to be particularly significant for them.*

For each identified PROBE:

- why costs are considered significant;
- whether others share similar views - why/why not ?

*I would now like to discuss specific cost areas in more depth.*

**Spilt groups into smaller discussion groups (divide topics areas to discuss between the groups)**

#### **4. Medical and Sensory Aid Equipment and Services**

*What types of extra, non-optional costs do you have in this area? (Brainstorm, encourage a reasonably quick round of contributions)*

PROBE:

- financial (who incurs the costs - individual, government, other);
- time;
- costs to others?

## 5. Communication

*Can we consider extra, non-optional costs associated with day to day communication (excluding at this stage employment related communication)*

*How does your blindness/vision impairment impact generally on your ability to communicate with others?*

PROBE:

- key challenges and difficulties

*What communication methods are used to communicate with others or to send information? (e.g. tapes, email, telephone) (Brainstorm, encourage a reasonably quick round of contributions)*

*What specific equipment or aids are required for this communication?*

*What extra, non-optional costs are incurred as a result of these communication methods?*

PROBE:

- financial (individual, government, other);
- time;
- costs to others?

As required, discuss to clarify how costs are extra and non-optional

*What communication methods are used to receive information? (e.g. scanners, talking books, adaptive IT, radio, TV). (Brainstorm, encourage a reasonably quick round of contributions)*

*What specific equipment or aids are required for this communication?*

*What extra, non-optional costs are incurred from these communication methods?*

PROBE:

- financial (individual, government, other);
- time;
- costs to others?

As required, discuss to clarify how costs are extra and non-optional

*What, if any, other assistance is received from others to help with communication? (e.g. reading mail)*

PROBE:

- who;
- how often;
- financial costs;
- time costs?

*Do you feel you experience any limitations or restrictions in communication because of your vision impairment/blindness?*

PROBE:

- what is missed out on;
- what impact does this have?

## **6. Accommodation**

*I would now like to talk about costs associated with accommodation.*

*What influence, if any, does your blindness/vision impairment have on your accommodation requirements or considerations?*

PROBE:

- location of house;
- type of area lived in;
- type of housing/section required;
- living arrangements;
- need for alterations etc

*What extra, non-optional costs are associated with these requirements/considerations?*

As required, discuss to clarify how costs are extra and non-optional

*Has your vision impairment/blindness ever influenced any other accommodation decisions made in the past? (e.g. requirement to move when wouldn't have done so otherwise).*

PROBE:

- have these resulted in extra costs?

## **7. Domestic Activities**

*Can we focus now on your day to day activities around the home and the extra, non-optional costs associated with these activities?*

*How does blindness/vision impairment impact generally on daily activities around the home?*

*What special aids and equipment are used to assist around the home?*

Brainstorm, encourage a reasonably quick round of contributions – group into main types. Feedback and discuss with group main types identified.

For each type PROBE:

- whether others in the group also use/have;
- costs incurred;
- how costs are met (e.g. personally, government support etc)

As required, discuss to clarify how costs are extra and non-optional

*What types of domestic assistance do people receive within the home (e.g. cleaning, cooking, gardening, maintenance)*

Brainstorm, encourage a reasonably quick round of contributions – group into main types. Feedback and discuss with group main types identified.

For each PROBE:

- do others receive similar assistance;
- how often;
- financial cost ;
- how costs are met (e.g. personally, government support etc)

As required, discuss to clarify how costs are extra and non-optional

*Do you believe any activities within the home take longer to undertake compared to sighted people (if appropriate discuss in relation to when previously sighted).*

PROBE:

- types of activities;
- examples;
- impact on other aspects of life.

## **8. Transport/Mobility**

*I would like to now discuss extra, non-optional costs associated with transport and mobility.*

*What general challenges or difficulties are faced in relation to transport and mobility?*

PROBE:

- what impact – time and opportunity costs;
- examples?

*Are any types of transport used more frequently than others?*

PROBE:

- why favored/necessary;
- extent use is considered non-optional.

For each main type of transport identified:

*What types of extra, non-optional costs are incurred?*

PROBE:

- financial;
- time;
- opportunity;

As required, discuss to clarify how costs are extra and non-optional

*What other personal assistance is received to assist with transport/mobility?*

PROBE:

- who;
- how often;
- costs incurred (time, money, opportunity)?

## 9. Shopping

*We can talk now about extra, non-optional costs associated with shopping...*

*What types of shopping do people personally undertake (whether alone or with others)?*

Brainstorm – ask for reasonably quick round of contributions – write types down and group into main types – e.g. grocery, personal, gifts, etc

Feedback and discuss with group the main types of shopping identified – note any obvious trends/patterns.

For each main type of shopping identified:

*How is this type of shopping undertaken?*

PROBE:

- where;
- with whom;
- assistance received?

*What, if any, extra, non-optional costs are incurred?*

PROBE:

- cost;
- time;
- opportunity.

As required, discuss to clarify how costs are extra and non-optional

*For types of shopping not undertaken*

PROBE:

- why is this;
- how/who undertakes this shopping?

*Are there any other shopping activities, experiences or opportunities restricted or not pursued? Why is this?*

## 10. Education and Training

*I would like to talk now about extra, non-optional costs associated with education and training undertaken after having left school.*

*What sorts of education/training have people undertaken or are currently undertaking?*

*What types of considerations or needs have influenced your decision to complete or commence this education/training?*

PROBE:

- influence of blindness/vision impairment.

*What other challenges or difficulties are there in undertaking education/training?*

PROBE:

- examples.

*What extra equipment, support and other assistance is required to undertake education/training?*

PROBE:

- adaptive technology;
- conversion of course materials/accessible format production;
- personal assistance;
- family support.

PROBE:

- extra, non-optional costs incurred from each of the above

*Has blindness/vision impairment impacted in any other way on your education attainment or opportunities?*

PROBE:

- restricted range and type of training/education;
- level of attainment;
- confidence/belief in ability.

## 11. Employment

*Let's talk now about extra, non-optional costs associated with employment.*

*Can we start by reminding group members again of the type of employment we are in and whether we work fulltime, part time and whether we are employed by someone or whether we are self employed.*

PROBE:

- when blindness/vision impairment occurred and relationship to employment situation;
- how long in current job?;
- previous employment?

*What general challenges or difficulties have been experienced in relation to planning and achieving employment/career goals?*

*What extra, non-optional costs have been incurred in the past in order to get you to your current employment situation? These may be costs to you, your employer, the government or other people.*

PROBE:

- adaptive technology;
- workplace modifications;
- re-training;
- time costs.

As required, discuss to clarify how costs are extra and non-optional

*What, if any, extra, non-optional costs are incurred on a daily basis within your employment situation? These may be costs to you, your employer, the government or other people.*

PROBE:

- travel to and from employment;
- adaptive technology/accessible format production;
- workplace modifications;
- time costs (extra time to complete work).

As required, discuss to clarify how costs are extra and non-optional

*Previous research has identified opportunity costs as a major employment related costs of blindness. This includes things like lost income potential, restricted or reduced employment opportunities and so on. Do you consider yourselves to have experienced such costs or lose as a result of your blindness/vision impairment?*

PROBE:

- income – lost income;
- unrealised future earning potential;
- loss of other benefits (e.g. superannuation entitlements);
- employment options/opportunities/aspirations;
- employment/performance expectations from others;
- promotion/advancement opportunities.

## **12. Sport, Recreation and Leisure**

*What types of sport, recreation and leisure activities do people take part in?*

Brainstorm – ask for reasonably quick round of contributions – write types down and group into main types

Feedback and discuss with group the main areas of sport, recreation and leisure engaged in – note any obvious trends/patterns.

*What, if any, difficulties or challenges are faced in taking part in these types of sport, recreation and leisure activities.*

PROBE:

- amount of time available for sport, recreation and leisure;
- examples.

*What, if any, extra, non-optional costs are incurred in taking part in sport, recreation and leisure activities?*

PROBE:

- financial;
- assistance;
- equipment costs;
- time costs;
- costs to others (time or financial).

As required, discuss to clarify how costs are extra and non-optional

*Are there any sport, recreation and leisure activities, experiences or opportunities restricted or not pursued because of your blindness/vision impairment?*

PROBE:

- what barriers exist;
- what opportunity costs are experienced;
- what impact from these?

### **13. Social and Community**

*I am wondering whether group members would consider blindness to have “social costs” and if so, what sort of costs would you consider these to include?*

PROBE:

- social activities;
- social relationships/interaction;
- family relationships;
- relationships with partner (relationship breakdown)?

For each identified, discuss types of costs incurred (e.g. time, financial, opportunity, emotional, other) and impacts. As required, discuss to clarify how costs are extra and non-optional.

**Come back as full group**

### **14. Final Comments**

*Are there any other costs of blindness which we haven't discussed today/tonight and which you feel are important?*

PROBE:

- what type of costs;
- when/where incurred?;
- what impact?;
- examples?

**Thank and close**

## **8. COSTS OF BLINDESS SURVEY RECRUITMENT SCRIPT**

---

*Good Morning/afternoon may I please speak to [insert name].*

*Hello, my name is [insert name] from Gravitass Research and Strategy in Auckland. We are currently conducting research into the Costs of Blindness on behalf the Royal New Zealand Foundation of the Blind.*

*The research will benefit blind and vision impaired people in many ways, for example, by helping the Foundation to raise funds, and to improve services to members.*

*Your name has been randomly selected from the Foundation's membership and I am calling you to see whether you would participate in a confidential telephone interview as part of the research. In the interview, we will be interested in talking to you about all the extra costs you and others incur because of your blindness or vision impairment.*

*Would you be interested in taking part?*

**If yes continue.**

**If no thank and close.**

*The interview will be conducted over the telephone on a day and time that best suits you. Depending on your answers, the interview will take between 30 and 45 minutes.*

*Your participation is entirely voluntary and confidential - your name will not be reported at any stage during the research.*

*I would like to start with some questions about you. These will help determine some of the questions I will ask you during our interview.*

**A1. Can you see ordinary newspaper print with glasses or contact lens if you usually wear them...**

[Read out. Single Response]

1. Easily
2. With Difficulty
3. Not at all

**A2. Can you clearly see the face of someone across the room (that is from 4 metres or 12 feet away) with glasses or contact lens if you usually wear them...**

[Read out. Single response]

1. Easily
2. With Difficulty
3. Not at all

*To help you prepare for the interview, the Foundation will send you a letter in your desired format providing more information about what we would like to talk about. While this letter will be sent by Foundation, your name will not be disclosed to anyone other than the person sending the letter. Also your name will not be used and in any way connected to the information you provide during the interview.*

**If respondent does not wish to participate, thank and close.  
Otherwise continue.**

**What format would you prefer for your letter to be in?**

[Read out if necessary. Single response]

1. Braille
2. Ordinary print
3. Large print
4. Audio tape
5. E-mail
6. No letter required but still wish to participate

**Can you please also provide me with the address that we should send the letter to [record address].**

*You should receive the letter in the next couple of days. Can I make a time with you now for next week when we can ring you back to conduct the interview?*

**Start scheduling from 2<sup>nd</sup> March 2004.**

*If don't want to schedule interview now: I will call you back in a few days to make an appointment for your interview.*

*Thank you for your interest in the research. My name again is [insert name] from Gravitas Research and Strategy. If you need to contact us again about your interview, please ring Monica on 0508 RESEARCH.*

*If you would like to speak to someone in the RNZFB about the research, please ring Hilary Boyd, Policy Analyst at the RNZFB, on 0800 243333.*

**Thank and Close**

## **9. RNZFB COSTS OF BLINDNESS SURVEY**

---

Good afternoon/evening, this is ....from Gravitass. Is.....available?

I am calling to interview you as part of the Costs of Blindness research being undertaken by the Royal New Zealand Foundation of the Blind. Is this still a good time to do the interview?

***If Yes: Proceed***

***If No: Reschedule as appropriate***

Thank you for taking part. Your participation will help ensure that the Costs of Blindness research succeeds in identifying the range of costs associated with being blind or vision impaired.

Please remember that we are interested in the extra costs you or others have on a day-to-day basis as a direct result of your vision impairment. It is useful to consider extra costs as those you do not have a choice about paying or experiencing because of your vision impairment.

Please also remember that the extra costs of blindness can include financial costs to you and others, they can also include things you have had to give up, things you have to do differently, or things you are prevented or restricted from doing because of your vision impairment.

You may also experience costs as a result of any other impairments you may have. However, for this research, we would like you to focus on those costs specifically related to your vision impairment.

Please remember that your participation in this research is voluntary and totally confidential. You do not have to answer all the questions if you do not wish to.

The interview will take approximately 30 to 45 minutes. If at any stage, you need a break, please let me know and we can decide how we will complete the interview (e.g. ring back after your break, re-schedule another time and day to complete).

I'd like to start with some questions about you. These will help determine some of the questions I will ask you during our interview.

## **1. Introductory Demographics**

### **1.1. Visual Status**

**Q1.** *Can you see ordinary newspaper print, with glasses or contact lenses, if you usually wear them: easily, with difficulty or not at all?*

Read out. Single response.

1. Easily
2. With Difficulty
3. Not at all
4. (Don't read) Don't Know/ Refused

**Q1a.** *Can you clearly see the face of someone across a room (that is from 4 meters or 12 feet away), with glasses or contact lens if you usually wear them: easily, with difficulty or not at all?*

Read out. Single response

1. Easily
2. With Difficulty
3. Not at all
4. (Don't read) Don't know/ Refused

### **1.2 Employment Status**

**Q2.** *Which statement or statements describe you? Are you...?*

Read out. Multiple responses possible.

1. In full time paid employment (includes self-employed)
2. In part time paid employment (less than 30 hours a week; includes self-employed)
3. A student (includes full time and part time)
4. Unemployed
5. Beneficiary
6. Retired
7. Or would you say something else (*please specify*)

**[INTERVIEWER NOTE: It is possible to be on the Invalid's Benefit (blindness) and still work]**

***If employed at Q2:***

**Q2a.** *Are you.....*

Read out. Single response.

- 1a. In full time paid employment (includes self-employed)....and what is your occupation? (***specify***)
- 1b. In part time paid employment (less than 30 hours a week; includes self-employed)...and what is your occupation? (***specify***)
- 1c. Self employed...and what is your occupation (***specify***)

**If a student:**

**Q2b.** *Can I check that in the last 12 months, were you enrolled in any type of formal education or training, for example, a school, polytech, or any other training provider?*

**(Note: includes training provided by RNZFB).**

Don't read. Single Response

1. Yes
2. No
3. (Don't read) Other **(please specify)**
4. (Don't read) Don't Know/ Refused

**If Yes at Q2b:**

**Q2c.** *Were you studying full time or part time?*

Don't read. Single Response

1. Full Time
2. Part Time
3. (Don't read) Other **(please specify)**

## **2. Daily Living**

*I would like to start by talking about any additional costs associated with day-to-day living. These first questions are about daily tasks around the home.*

### **2.1 Domestic Tasks**

**Q3.** *Which of the following tasks do you personally spend time on - with or without the help of other people?*

**(To all answer either Yes or No)**

**[Interviewer Note: If undertaken by someone else for other reasons= No]**

Read out. Single response

1. Preparing food and drink and clearing up after meals  
[time spent per day]
2. Indoor cleaning, laundry and other care of clothing  
[time spent per week]
3. Home maintenance, repairs, and upkeep of heating and water systems and vehicles [time spent per week]
4. Looking after the grounds (e.g. gardening and mowing lawns)  
[time spent per week]
5. Looking after pets and other domestic animals [ time spent per day]
6. Household administration such as paying bills [time spent per week]

**For each 'Yes' in Q3:**

**Q3a.** *How long (in hours/mins) on average would you personally spend*

doing **[task]** each **[relevant period]**?

1. Insert minutes/hours
2. (Don't read) Not sure/ Don't Know

## **2.2 Personal Tasks**

**Q4.** *And with or without help from others, how long on average would you spend each day... **[insert task below]**?*

Read out. Single response

1. ...getting dressed, attending to personal hygiene and grooming
2. ...eating and drinking in your home

## **2.3 Support and Assistance**

**Q5.** *Still thinking about daily tasks around the home, does anyone do any of the following, or help you with the following, because of your vision impairment? Helpers may include family, friends, volunteers and paid helpers.*

**[INTERVIEWER NOTE: "Not my responsibility" for reasons other than vision impairment = NO]**

1. Do you require help preparing food and drink and clearing up after meals? **(Yes/No)**
2. Do you require help doing indoor cleaning, your laundry and other care of clothing? **(Yes/No)**
3. Do you require help with looking after your grounds (e.g. gardening and mowing lawns)? **(Yes/No)**
4. Do you require help with home maintenance, repairs, and upkeep of heating and water systems and vehicles? **(Yes/No)**
5. Do you require help with household administration such as banking and paying bills? **(Yes/No)**
6. Do you require help with personal care such as getting dressed, personal hygiene and grooming **(Yes/No)**
7. Looking after pets and other domestic animals **(Yes/No)**

***If none, skip to Q9***

***For all tasks identified in Q4.***

***For each ask Q6-Q8b***

**Q6.** *Who usually helps you with **[task]**?*

**[If "varies", ask for person who helps most often]**

Don't read. Single response

1. Husband/wife/partner
2. Family/whanau member
3. Helper employed by government agency
4. Helper employed/provided by private agency

5. Helper employed by respondent or family
6. Flatmate
7. Friend or neighbor
8. Volunteer or volunteer organisation
9. Other (**please specify**)

**For helper identified in Q6: Ask Q7- Q8b**

**Q7.** *How often does [helper] help with [task]: Would you say everyday, at least twice a week, once a week, or less than once a week?*

**[If “varies”, ask for usual/ typical frequency]**

Read out if necessary. Single response

1. Everyday
2. At least twice a week
3. Once a week
4. Less than once a week
5. **(Don’t read) Not Sure**

**If 1, 2, 3 or 5 in Q7**

**Q7a.** *Approximately how much time does [helper] spend helping you each week with [task]?*

1. Insert minutes/hours
2. Not sure

**If 4 in Q7**

**Q7b.** *Approximately how much time does [helper] spend helping you each month with [task]?*

1. Insert minutes/hours
2. Not sure

**Q8.** *Does [helper] receive any payment for helping you with [task]?*

Don’t read out. Single response.

1. Yes
2. No (**Skip to Q9**)
3. Not sure (**Skip to Q9**)

**Q8a.** *Who pays them?*

Don’t read out. Multiple responses possible.

1. Respondent or family
2. Government agency (e.g. ACC, Ministry of Health services)
3. Other private agency
4. Part respondent/family and part government/other private agency
5. Other (**please specify**)

6. Not sure

**If 1 or 4 in Q8a:**

**Q8b.** *What would be the approximate monthly cost to you or your family for this help?*

1. Insert cost
2. Not sure

## **2.4 Shopping**

*These next questions are about any additional costs associated with going shopping.*

**Q9.** *Do you go shopping, with or without help, for household goods such as groceries?*

**[INTERVIEWER NOTE: Excludes shopping for personal items]**

1. Yes
2. No (**Skip to Q14**)

**Q10.** *And on average, how many hours per week do you spend shopping for household goods? This includes getting to and from the shops, doing your shopping and putting your shopping away.*

1. Insert hours
2. Not sure

**Q11.** *Do you require any help with your household goods shopping? This could include getting to and from the shops, doing, doing your shopping and putting your shopping away.*

1. Yes
2. No (**Skip to Q18**)

**Q11a.** *And who usually helps you?*

Don't read. Single response

**[If varies, ask for person who helps most often]**

1. Husband/wife/partner
2. Family/whanau member
3. Helper employed by government agency
4. Helper employed/provided by private agency
5. Helper employed by respondent or family
6. Flat mate
7. Friend or neighbor
8. Volunteer or volunteer organisation
9. Employee at supermarket/shops

10. Taxi Driver
11. Driver- Public Transport
12. Other (**please specify**)

**If 10 or 11, taxi driver or driver of public transport:**

**Q11b.** Does anyone else usually help you?

1. Yes (**please specify**) (**go to Q12**)
2. No (**skip to Q18**)

**For helper identified in Q11a or 11b:**

**Q12.** How often does [helper] help with the shopping?: Would it be everyday, at least twice a week, once a week, or less than once a week?

Read out if necessary. Single response.

1. Everyday
2. At least twice a week
3. Once a week
4. Less than once a week
5. (**Don't read**) Not Sure

**If 1, 2, 3 or 5 in Q12:**

**Q12a.** Approximately how much time does [helper] spend helping you each week with the shopping?

1. Insert minutes/hours
2. (Don't read) Not sure

**If 4 in Q12:**

**Q12b.** Approximately how much time does [helper] spend helping you each month with the shopping?

1. Insert minutes/hours
2. (Don't read) Not sure

**Q13.** Does [helper] receive any payment for helping you with your shopping?

1. Yes
2. No (**Skip to Q18**)
3. Not sure (**Skip to Q18**)

**Q13a.** Who pays them?

Don't read out. Multiple response possible.

1. Respondent or family
2. Government agency (e.g. ACC, Ministry of Health services)
3. Other private agency
4. Part respondent/family and part government/other private agency
5. Other (**please specify**)

6. Not sure

**If 1 or 4 in Q13a:**

**Q13b.** *What would be the approximate monthly cost to you or your family for the help you receive with your household goods shopping?*

1. Insert cost (**skip to Q18**)
2. Not sure (**skip to Q18**)

**If No in Q9:**

**Q14.** *Is it because of your vision impairment that you do not do this shopping or is there some other reason?*

Don't read. Single response

1. Do not go shopping because of vision impairment
2. Do not go shopping because of some other reason (**please specify**) (**Skip to Q17**)
3. Not sure (**Skip to Q17**)

**Q15.** *Does someone else do this shopping for you?*

1. Yes
2. No (**Skip to Q17**)

**Q15a.** *And who usually does this?*

[If "varies", ask for person who helps most often]

Don't read. Single response only

1. Husband/wife/partner
2. Family/whanau member
3. Helper employed by government agency
4. Helper employed/provided by private agency
5. Helper employed by respondent or family
6. Flat mate
7. Friend or neighbor
8. Volunteer or volunteer organisation
9. Other (**please specify**)

**For helper identified in Q15a**

**Q16.** *How often does [helper] do your shopping?: Would it be everyday, at least twice a week, once a week, or less than once a week?*

1. Everyday
2. At least twice a week
3. Once a week
4. Less than once a week
5. (**Don't read**) Not Sure

**If 1, 2, 3 or 5 in Q16**

**Q16a.** *Approximately how much time does [helper] spend doing your shopping each week?*

1. Insert minutes/hours
2. Not sure (**Skip to Q17**)

**If 4 in Q16**

**Q16b.** *Approximately how much time does [helper] spend doing your shopping each month?*

1. Insert minutes/hours
2. Not sure (**Skip to Q17**)

**Q17.** Does [helper] receive any payment for doing your shopping?

1. Yes
2. No (**Skip to Q18**)
3. Not sure (**Skip to Q18**)

**Q17a.** *Who pays them?*

Don't read. Single response

1. Respondent or family
2. Government agency (e.g. ACC, Ministry of Health services)
3. Other private agency
4. Part respondent/family and part government/other private agency
5. Other (**please specify**)
6. Not sure

**If 1 or 4 in Q17a :**

**Q17b.** *What would be the approximate monthly cost to you or your family for getting your household good shopping done?*

1. Insert cost
2. Not sure

**Q18.** *What other additional financial, time or other costs do you have related to shopping because of your vision impairment? These could include things you miss out on, things you have to do differently or things you are restricted or prevented from doing.*

Don't read. Multiple responses possible

After each identified: "Are there any others?"

1. Pay more for goods because less able to take advantage of sales/specials
2. Pay more for goods because less able to shop at supermarkets and other discount stores

3. Unable to shop at certain times or places (e.g. avoid shops at busy times)
4. Pay more for goods because shop over the internet more often
5. Unable to 'just go out and get something'; unable to shop spontaneously
6. Other (***please specify***)
7. (Don't read) None
8. (Don't read) Not sure

**Q18a.** *Do you have any of the following additional costs related to shopping because of your vision impairment?*

Read out Multiple responses possible

After each identified: "Are there any others?"

1. Do you pay more for goods because you are less able to take advantage of sales/specials
2. Do you pay more for goods because you are less able to shop at supermarkets and other discount stores
3. Are you unable to shop at certain times or places (e.g. do you avoid shops at busy times)
4. Do you pay more for goods because you shop over the internet more often
5. Are you unable to 'just go out and get something' or unable to shop spontaneously

### **3. Equipment**

*These next questions are about any special equipment you need to use because of your vision impairment. This includes any equipment you use during daily living, for communication or for work, education or training.*

#### **3.1 Communication Equipment**

**Q19.** *Do you use any of the following equipment specifically because of your vision impairment?*

Read Out. Multiple Responses possible

1. Personal computer
2. Closed Circuit Television (CCTV)
3. OCR Scanner (scanner for reading)
4. 19" Monitor
5. Printer
6. Braille equipment (e.g. Braille note)
7. Talking book player
8. Tape recording equipment
9. Magnifying equipment
10. (Don't read) Other [**Interviewer Note: Use to specify any double ups**]

in equipment]

11.(Don't read) None (**Skip to Q26** )

**For those identified as working and/or in education:**

**For each equipment item identified as used in Q19:**

**19a.** *Is your use of the [equipment] for personal or work purposes or both?*

Read out if necessary. Multiple response

1. Personal
2. Work
3. Education purposes
4. (Don't read) Don't know

**For equipment specified as having dual/multiple use at 19a:**

**19b.** *Do you use the same or a different [equipment] for [personal/work/education] purposes?*

1. Yes
2. No
3. (Don't read) Don't Know

**If different equipment used, re-code to show dual/multiple equipment**

**For all identified in Q19. Ask Q20-Q23 (acquisition questions)**

**Exclude Braille equipment from the selection**

**Q20.** *How did you acquire or gain access to [equipment]? Did*

Read out. Single response

1. ...you buy it, personally or with someone else helping pay for it?
2. ...you or someone else loan or lease it?
3. ...someone buy it for you or give it to you?
4. ...or, did you acquire it or gain access to it through some other way? (**please specify**)
5. (Don't read) Don't know

**If 1 in Q20:**

**Q21.** *Did you receive any financial assistance or subsidy in acquiring [equipment]?*

1. Yes
2. No (**Skip to next identified equipment item- return to Q20**)
3. Not sure (**Skip to next identified equipment item- return to Q20**)

**Q21a.** *From whom did you receive this assistance?*

Don't Read. Multiple responses possible

1. Government (general)

2. ACC
3. WINZ
4. Ministry of Health
5. Ministry of Education
6. Workbridge
7. Homia School
8. RNZFB (e.g. Pearson fund)
9. Employer
10. Family member
11. Employer
12. Friend or neighbour
13. Other (**please specify**)
14. Not sure

**Q21b.** *Can you recall what proportion of the total cost of [equipment] you or your family paid for?*

1. Enter proportion or \$ value if given
2. (Don't read) Not sure

**If 2 in Q20:**

**Q22.** *What is the approximate monthly cost of loaning or leasing [equipment]?*

1. Insert cost (\$)
2. Nothing (**Skip to next identified equipment item- return to Q20**)
3. Not sure (**Skip to next identified equipment item- return to Q20**)

**Q22a.** *And who pays the cost of loaning or leasing [equipment]?*

Don't read. Multiple responses possible

1. Government (general)
2. ACC
3. WINZ
4. Ministry of Health
5. Ministry of Education
6. Workbridge
7. Homai School
8. RNZFB
9. Employer
10. Respondent or family
11. Employer
12. Other (**specify**)
13. Not sure

**If 3 in Q20:**

**Q23.** *Who brought or gave [equipment] to you?*

Don't read. Multiple responses possible

1. Government (general)
2. ACC
3. WINZ
4. Ministry of Health
5. Ministry of Education
6. Workbridge
7. Homai School
8. RNZFB
9. Employer
10. Family member
11. Employer
12. Friend or neighbour
13. Other (**specify**)
14. Not sure

### **3.2 Computer Software**

***If Yes to "personal computer" in Q19:***

***All others skip to Q25***

**Q24.** *Do you use any of the following computer software packages?*

Read Out. Multiple responses possible.

1. Screen reader software (e.g. JAWS)
2. Screen magnification software (e.g. Zoomtext)
3. Voice/ Speech recognition software
4. Print reading software (e.g. K1000, OpenBook)
5. (**Don't read**) None used (**Skip to Q25**)

***For each software item identified in Q24: Ask Questions Q20-23(Acquisition questions)***

### **3.3 Braille Equipment**

***If "Braille equipment" identified in Q19:***

***All others skip to Q26***

**Q25.** *Which of the following Braille equipment do you use?*

Read out if necessary. Multiple responses possible.

1. Braille Writer (e.g. Perkins Brailier; Mountbatten Braille Writer)
2. Braille embosser
3. Electronic Notetaker (e.g. BrailleLite, BrailleNote)
4. Computer Braille Display (refreshable Braille display)

***For each of 1, 2, 3, 4 identified above***

**Q25a.** *Can you please specify the brand of the Braille Writer/ Braille Embosser/ Electronic Notetaker/ Computer Braille Display?*

1. Yes (**please specify**)
2. No/ Don't know

**For each Braille equipment identified in Q25: Ask Questions Q20 – Q23 (Acquisition questions)**

### **3.4 Other Equipment**

**Q26.** *Do you use any of the following other equipment specifically because of your vision impairment?*

Read Out. Multiple response possible.

1. Special glasses (e.g. prescription glasses, anti-glare glasses)
2. Walking/ mobility canes
3. Talking appliances (e.g. microwave)
4. Adaptive telephone equipment (e.g. large number buttons)
5. Adaptive or special kitchen utensils
6. Voice activated remote for TV, VCR or DVD
7. Special lights and lighting equipment
8. Talking or special clocks, watches or alarms
9. Talking Day Organiser
10. (Don't read) None (**Skip to Q27**)

**For each equipment item identified in Q26 ask Q20-Q23 (Acquisition questions)**

**If no equipment identified at all in Q19 and Q26, Skip to Q33**

### **3.5 Equipment Training**

**Q27.** *Have you ever been required to undertake special training in the use of any of the equipment you have identified? Please exclude any training not specifically required for, or tailored to, your vision impairment.*

1. Yes
2. No (**skip to Q31**)
3. (Don't read) Don't know (**skip to Q31**)

**Q27b.** *For what equipment was this training required?*

Don't read. Multiple response possible

After each identified: "Have you received any other training?"

1. Personal computer
2. Scanner software
3. Screen reader software
4. Screen magnification software
5. Voice recognition software

6. Braille equipment
7. Cane/ mobility training
8. Other (**specify**)
9. Have not been required to undertake specific training (**Skip to Q31**)
10. Not sure (**Skip to Q31**)

**For each equipment training identified in Q27b: Ask Q28- Q30b**

**Q28.** *Approximately, how much time was spent training you in the use of [equipment item]?*

1. Insert hours, days, or weeks
2. Not sure

**Q29.** *And who provided or paid for this training?*

Don't Read. Multiple response possible

1. Government (general)
2. ACC
3. WINZ
4. Ministry of Health
5. Ministry of Education
6. Workbridge
7. Homia School
8. RNZFB
9. Husband/wife/partner
10. Other family member
11. Employer
12. Friend or neighbour
13. Respondent
14. Other (**specify**)
15. Not sure

**If 9, 10 or 13 identified above**

**Q29a.** *Approximately what was the cost of your training to you or your family?*

1. Other (**please specify**)
2. Don't Know

**Q30.** *What other financial, time or other costs did you or anyone else have as a result of this training?*

Don't Read. Multiple response possible

After each identified: "What other costs?"

1. Cost of travel to and from training
2. Time spent traveling to and from training
3. Accommodation while undertaking training
4. Lost productivity while training (employer cost)

5. Time not working/ earning (if employed)
6. Time potentially working but training instead
7. Loss of personal income while training
8. Other (*specify*)
9. No other costs (**Skip to Q31**)
10. Not sure (**Skip to Q31**)

**For each not identified above at question 30:**

**Q30a.** *Did you or anyone else face the following costs as a result of this training?*

Read out. Multiple response possible

1. Cost of travel to and from training
2. Time spent traveling to and from training
3. Accommodation while undertaking training
4. Lost productivity while training
5. Loss of personal income while training
6. No other costs

**For each cost identified in Q30 and 30a: Ask Q30b – Q30c**

**Q30b.** *Approximately, what was the total cost of [other cost]?*

**[INTERVIEWER NOTE: May be financial or time costs]**

1. Insert total financial cost (\$)
2. Insert total time cost (hours/mins)
3. Not sure (**Skip to Q30**)

**Q30c.** *And who paid for or who experienced this cost?*

Don't read. Single response only

1. Respondent or family
2. Government agency
3. Other private agency
4. Employer
5. Part respondent/family and part government/other private agency
6. Part respondent/family and part employer
7. Other (**Specify**)
8. Not sure

### **3.6 Equipment Repairs and Maintenance**

**Q31.** *In the last 12 months, has any of the equipment you require because of your vision impairment needed repair or maintenance?*

1. Yes
2. No (**skip to Q33**)
3. (Don't read) Don't know

**If Yes at Q31:**

**Q31a.** *What equipment has required repair or maintenance?*

Don't read. Multiple responses possible

*After each identified: "Was there anything else"?*

1. Personal computer
2. Scanner software
3. Screen reader software
4. Screen magnification software
5. Voice/ Speech recognition software
6. Braille equipment
7. Talking appliances (e.g. microwave)
8. Adaptive or special kitchen utensils
9. Voice activated remote for TV/VCR/DVD
10. Special lights and lighting equipment
11. Talking or special clocks, watches or alarms
12. Other (**please specify**)
13. No (**Skip to Q33**)
14. Not sure (**Skip to Q33**)

**For each item of repair/maintenance identified in Q31a: Ask Q32-32b:**

**Q32.** *Approximately, what was the total cost of the repair or maintenance to your [equipment item]?*

1. Insert total cost
2. Not sure

**Q32a.** *And who paid this cost?*

Don't read. Single response only

1. Respondent or family
2. RNZFB
3. Government agency
4. Other private agency
5. Employer
6. Part respondent/family and part government/other private agency
7. Part respondent/family and part employer
8. Other (**Specify**)

**If 6 or 7 in Q32a:**

**Q32b.** *Approximately, what was the total cost to you or your family for the repairs or maintenance undertaken?*

1. Insert cost (\$)
2. Don't know

## 4. Accommodation and Home Alterations

*These next questions are about your home.*

### **4.1 Home Alterations**

**Q33.** *Have you ever been required to make any of the following alterations or additions to your home because of your vision impairment?*

**Read out. Yes/No response**

1. Additional safety features such as rails or guards
2. Structural changes to the layout of the house
3. Additional or special lighting
4. Added contrasting features such as strips on steps or contrasts between walls and floors
5. Additional security measures such as burglar alarms or smoke alarms
6. Erected fencing (e.g. for safety reasons or because you have a guide dog)
7. Or any other alteration or addition (**please specify**)
8. (**Don't read**) No alterations or additions (**Skip to Q37**)

**For each alteration/addition identified in Q33: Ask Q34 – Q36a**

**Q34.** *Who paid for the cost of [alteration/addition]?*

Don't read. Multiple responses possible

1. Respondent or family (full cost)
2. Respondent or family (partial cost)
3. Government (general)
4. ACC
5. WINZ
6. Ministry of Health
7. RNZFB
8. Other private agency
9. Other (**please specify**)
10. Not sure

**If 1 or 2 at Q34:**

**Q35.** *What would you estimate the total costs of [alteration] to you or your family have been?*

1. Insert cost
2. Not sure (**Skip to Q36**)

**If 2 in Q34**

**Q35a.** *Approximately, what proportion of this cost did you or your family pay?*

1. Insert proportion (%)
2. Not sure

**Q35b.** *Who paid the remaining cost of [alteration]?*

Don't read. Multiple response possible.

1. Government (general)
2. ACC
3. WINZ
4. Ministry of Health
5. RNZFB
6. Other private agency
7. Other (***please specify***)
8. Not sure

**Q36.** *Did you receive any unpaid assistance in completing [alteration], for example, from family members, friends or neighbors?*

1. Yes
2. No (***Skip to Q37***)
3. Not sure (***Skip to Q37***)

**Q36a.** *Approximately how many hours of unpaid assistance did you receive?*

1. Insert hours
2. Not sure

## **5. Education and Training**

**Questions only for those identified as students (3 in Q2)**

**All others Skip to Q45 if employed or Q52 if not employed.**

*I now have some questions relating to the study or training you have been undertaking.*

**Q37.** *Where have you been studying or training?*

Don't read. Multiple Responses possible

*After each identified: "Is there anywhere else?"*

1. Secondary School
2. University
3. Polytechnic
4. RNZFB
5. Extramural
6. Private Training Establishment
7. Apprenticeship

8. Other (*please specify*)

### **5.1 Education Support and Assistance**

**Q38.** *Because of your vision impairment, do you require any help from others to complete the requirements of your education/ training?*

1. Yes
2. No (**Skip to Q42**)
3. (Don't read) Don't Know (**Skip to Q42**)

**Q39.** *Who helps you?*

Don't read. Multiple responses possible

*Follow each identified with "Is there anyone else?"*

1. Husband/Wife/Partner
2. Family/whanau member
3. Support person employed by education institution (e.g. note taker)
4. Support person employed by government agency (e.g. WINZ, ACC)
5. Support person employed by respondent or family
6. Fellow Student
7. Flatmate
8. Friend or neighbor
9. Volunteer or volunteer organisation
10. Private organisation
11. Other (**specify**)

**Randomly select maximum 3 helpers identified in Q 39**

**For each helper ask Q40 – Q41b**

**Q40.** *In a typical week, how often would [helper] spend helping you with your study or training? Would it be everyday, at least twice a week, once a week, or less than once a week?*

1. Everyday
2. At least twice a week
3. Once a week
4. Less than once a week
5. (Don't read) Not Sure

**If 1, 2, 3 or 5 in Q40**

**Q40a.** *And approximately how much time would [helper] spend helping you each week?*

1. Insert minutes/hours
2. (Don't read) Not sure

**If 4 in Q40:**

**Q40b.** *And approximately how much time would [helper] spend helping you each month?*

1. Insert minutes/hours
2. (Don't read) Not sure

**Q41.** *Does [helper] receive any payment for the time they spend helping you?*

1. Yes
2. No (**Skip to Q42**)
3. (Don't read) Not sure (**Skip to Q42**)

**Q41a.** *Who pays them?*

Don't read. Multiple response possible

1. Respondent or family
2. Education institution (e.g. university/polytechnic)
3. Government agency (e.g. WINZ, ACC, Ministry of Education)
4. Other (**please specify**)
5. (Don't read) Not sure

**If 1 in Q41a:**

**Q41b.** *What would be the approximate monthly cost to you or your family for the help you receive?*

1. Insert cost
2. (Don't read) Not sure

## **5.2 Time Spent Studying**

**Q42.** *In total, how much time do you typically spend studying each week, both in lectures/classes and in private study?*

1. Record in hours per week
2. (Don't read) Not sure (**Skip to Q44**)

**Q43.** *Of the total time you spend studying each week, how much of this time do you consider to be taken by additional tasks related to your vision impairment? (e.g. planning, organizing accessible format documents and text, organizing assistance etc).*

**[If Needed: By this I mean, tasks that a fully sighted student would not have to undertake]**

1. Record time
2. (Don't read) Not sure

## **5.3 Other Education/Training Related Costs**

**Q44.** *What other extra costs do you or others face because of your vision impairment in relation to education and training?*

Don't read. Multiple response possible.

*After each: Is there is anything else?*

1. Cost of getting accessible format text books (books converted to Braille, audio or large print either by RNZFB or the University)
2. Other (**specify**)
3. (Don't read) No other costs
4. (Don't read) None
5. (Don't read) Don't Know

**Q44a.** *Which of the following costs do you or others face because of your vision impairment in relation to education and training?*

Read out. Multiple response possible

*After each: Is there is anything else?*

1. Cost of getting accessible format text books (books converted to Braille, audio or large print either by RNZFB or the University)
2. Other (**specify**)
3. (Don't read) No other costs
4. (Don't read) None
5. (Don't read) Don't Know

## **6. Employment**

***Only for those identified as employed (1, 2 in Q2)***

***All others Skip to Q52***

*These next questions focus on your employment and your workplace.*

### **6.1 Workplace Modifications**

**Q45.** *Have any modifications or other changes been made to your workplace because of your vision impairment?*

1. Yes
2. No (**Skip to Q48**)
3. Not sure (**Skip to Q48**)

**Q46.** *What modifications or other changes have been made?*

Don't read. Multiple response possible

*After each identified: "Is there anything else?"*

1. Modifications to layout of work area
2. Additional or special lighting
3. Over sized desk to accommodate additional equipment used
4. Other (**specify**)
5. (Don't read) Don't Know

**For each workplace modifications identified in Q46: Ask Q47-Q47a**

**Q47.** *Who paid for the cost of [modification/change]?*

Don't read. Multiple responses possible

*After each identified: "Did anyone else contribute?"*

**[INTERVIEWER NOTE: If partially paid for, ensure you record who paid for the rest]**

1. Fully paid for by respondent or family
2. Part paid for respondent or family
3. Fully paid for by employer
4. Part paid for by employer
5. Fully paid for by government agency (e.g. ACC, WINZ, Workbridge, Ministry of Education)
6. Part paid for by government agency e.g. ACC, WINZ, Workbridge, Ministry of Education
7. Fully paid for by other agency (**please specify**)
8. Part paid for by other agency (**please specify**)
9. Other (**please specify**)
10. No cost
11. Not sure

**If 1 or 2 in Q47:**

**Q47a.** *What was the approximate cost of [workplace modification] to you or your family?*

1. Insert cost (\$)
2. (Don't read) Not sure

**6.2 Employment Support and Assistance**

**Q48.** *Because of your vision impairment, do you require help from others to complete the requirements of your job?*

1. Yes
2. No (**Skip to Q51**)
3. Not sure (**Skip to Q51**)

**Q49.** *What help do you receive?*

Don't read. Multiple responses possible

*Follow each identified: "Do you receive any other help?"*

1. Additional administration/secretarial support within the workplace
2. A reader provided within the workplace
3. Additional support/assistance provided by family/friends outside of the workplace
4. Other (**specify**)
5. None identified (**Skip to Q51**)

**For each type of help identified in Q49: Ask Q50-Q50d**

**Q50.** *In a typical working week, how often do you require [type of help]?  
Would you say everyday, at least twice a week, once a week, or less than once a week?*

Read out if necessary. Single response

1. Everyday
2. At least twice a week
3. Once a week
4. Less than once a week
5. (Don't read) Not Sure

**If 1, 2, 3 or 5 in Q50:**

**Q50a.** *Approximately how much time would be spent each week providing you with [type of help]?*

1. Insert minutes/hours
2. (Don't read) Not sure

**If 4 in Q50:**

**Q50b.** *Approximately how much time would be spent each month providing you with [type of help]?*

1. Insert minutes/hours
2. (Don't read) Not sure

**Q50c.** *Is this time specifically allocated or paid for to provide you with the help you require?*

**[INTERVIEWER NOTE: That is, is not just provided through someone's existing job or through some existing activity]**

Don't read out. Single response

1. Yes
2. No (**Skip to Q51**)
3. Not Sure (**Skip to Q51**)

**If Yes in Q50c:**

**Q50d.** *Who pays for the cost of providing [type of help]?*

Don't read. Multiple responses possible

1. Respondent or family
2. Employer
3. ACC
4. Other government agency
5. Other private agency
6. Other (**please specify**)
7. There is no cost
8. (Don't read) Not sure

### **6.3 Other Workplace Changes**

**Q51.** *Have there been any other changes made in your job, for example, the duties you undertake or the hours that you work?*

1. Yes
2. No (**Skip to Q51**)
3. Not sure (**Skip to Q51**)

**If Yes in Q51:**

**Q51a.** *What other changes have been made?*

Don't read. Multiple responses possible

*Follow each identified: "Is there anything else?"*

1. Modified duties or different duties
2. Modified hours or days worked
3. Other (**specify**)

## **7. Transport**

### **7.1 Short Distance Travel**

*These next questions are about the transport you use to travel short distances. By short distances, I mean trips which are less than 80 kms (or about 50 miles).*

**For those employed and/or students (1,2 or 3 in Q2)** *At this stage, please exclude any forms of transport you use for traveling to and from your work or place of study or training as well as any travel you do as part of your job.*

**Q52.** *Have you traveled short distances at all in the last 12 months?*

Don't read out. Single response.

1. Yes (**Skip to Q54**)
2. No
3. (Don't read) Don't Know (**Skip to Q54**)

**Q53.** *Does your vision impairment completely stop you traveling short distances?*

1. Yes (**Skip to Q59**)
2. No
3. No- for other reasons (e.g. other impairments) (**please specify**) (**Skip to Q59**)

**Q54.** *Which of the following forms of transport do you use to travel short distances.*

Read out. Multiple responses possible

1. Taxis

2. Public transport (e.g. Buses, Trains, or Ferries)
3. Your own car
4. Someone else's car
5. Walking
6. Any other form of transport (**please specify**)
7. (Don't read) Don't Know

***If Taxis identified in Q54: Ask Q55- Q56b***

**Q55.** Over the last 12 months, how often have you used a taxi to travel short distances? **For employed/Students:** Remember to exclude travel to and from your work or place of study or training.

Don't read out. Single response only

1. Everyday or almost everyday
2. Once a week or more
3. Once a month or more
4. Less than once a month
5. (Don't read) Not sure

**Q56.** And in a typical week and including any subsidies you may receive, how much in total would your taxi travel cost?

1. Insert cost
2. Not sure (**Skip to Q57**)

**Q56a.** Of [cost] how much of this would be covered by subsidies for taxi travel? (e.g. Total Mobility Scheme)

1. Insert subsidy amount (dollars/subsidy)
2. Not sure (**Skip to Q57**)

**Q56b. Check question:** So that means you are personally spending about [total cost - subsidy] dollars on taxis in a typical week?

1. Yes
2. No – modify

***For all respondents (adjust question appropriately for whether taxis identified or not in Q54)***

**Q57.** What is the MAIN reason you have [not used taxis at all/not used taxis more often] over the last 12 months?

Don't read out. Single response only

1. Don't need to
2. Too expensive
3. Need to book in advance
4. Other (**please specify**)
5. No reason

6. Not sure

***If own car/someone else's car identified in Q54***

**Q58.** Who usually drives you?

**[If "varies", ask for person who drives most often]**

1. Husband/Wife/Partner
2. Family/whanau member
3. Flat mate
4. Friend or neighbor
5. Other (**specify**)
6. Not sure (**skip to Q59**)

***For driver identified in Q58***

**Q58a.** And how much time would [driver] spend driving you in a typical week?

1. Insert time (minutes/hours)
2. Not sure

**7.2 Long Distance Travel**

*These next questions are about traveling long distances. By long distances, I mean trips that are **80 kms** or more. That is about 50 miles or one hour traveling on the open road.*

**Q59.** In the last 12 months, have you been on a trip that was 80kms or more?

1. Yes
2. No (**skip to Q63**)
3. (Don't read) Don't Know

**Q60.** Does your vision impairment completely stop you traveling long distances?

1. Yes (**Skip to Q64 if employed/student, otherwise Skip to Q71**)
2. No
3. No- for other reasons (e.g. other impairments) (please specify) (**skip to Q71**)

**Q61.** Do you need someone to help you on such trips?

1. Yes
2. No

**Q62.** Over the last 12 months, have you traveled 80 kms or more by:

Read Out. Multiple response possible

1. Plane
2. Train

3. Bus

**For each transport type NOT identified in Q62:**

**Q63.** Over the last 12 months, has your vision impairment stopped you from traveling long distances in a:

1. Plane
2. Train
3. Bus
4. (Don't read) None (**skip to Q64 if employed/ student, otherwise skip to Q72**)

**Q63a** What difficulties do you have traveling [that way/those ways]?

Don't read. Multiple responses possible

After each identified: Would you face any other difficulties?

1. Lack someone to help
2. Lack of accessible transport to and from station/terminal
3. Moving around the station/terminal
4. Lack of accessible toilets in the station/terminal
5. Boarding and getting off the bus/train/plane
6. Seeing signs and notices
7. Unsupportive staff
8. Other (**please specify**)

### **7.3 Travel To and From Work/Place of Study**

**If employed and/or studying (1,2,3 in Q2) ask Q64 – Q67**

**If employed and studying repeat Q64 – Q67 for both employed situation and student situation**

These next questions are specifically about your travel to and from your place of work or study.

**Q64.** What form of transport do you usually use to travel to and from your work/place of study?

**[Note: form of transport = that form used to travel the greatest distance] If "Varies" – ask: "What form of transport do you use most often?"**

Don't read. Single response

1. Taxis
2. Public transport (e.g. Buses, Trains, Ferries)
3. Your own car
4. Someone else's car
5. Walk
6. Other (**specify**)

**If “Taxis” in Q64: Ask Q65-Q65b**

**Q65.** *In a typical week and including any subsidies you may receive, how much in total would your taxi travel to and from your work/place of study cost?*

1. Insert cost
2. Not sure (**skip to Q66**)

**Q65a.** *Of [cost] how much of this would be covered by subsidises for taxi travel? (e.g. Total Mobility Scheme)*

1. Insert subsidy amount (\$) (if given in percentage, convert to \$)
2. Not sure (**skip to Q66**)

**Q65b. Check question:** *So that means you are personally spending about [total cost minus subsidy] dollars on taxis to travel to and from your work/place of study in a typical week?*

1. Yes
2. No – modify

**If “Own car/Someone else’s car” in Q64: Ask Q66-Q66b**

**Q66.** *Who usually drives you to and from work/place of study?*

Don't read out. Multiple response possible

**[If “varies”, ask for person who drives most often]**

1. Husband/Wife/Partner
2. Family/whanau member
3. Friend or neighbor
4. Flat mate
5. Work colleague
6. Other (**specify**)
7. Not sure

**For driver identified in Q66**

**Q66a.** *Does [driver] make a special trip to drive you to and from your work/place of study?*

**[INTERVIEWER NOTE: That is, is not dropping the respondent off to work/place of study as part of some other travel usually undertaken]**

1. Yes
2. No (**skip to Q67**)

**Q66b.** *And how much time would [driver] spend driving you to and from work/place of study in a typical week?*

1. Insert time (minutes/hours)
2. Not sure

**For all employed/students:**

**Q67.** *And, how much time in total would you spend traveling to and from your work/place of study each week? Please think about the total time taken, not just the time you are actually traveling (e.g. if you take the bus, include the time it takes you to walk to the bus and change buses if you need to)*

1. Insert Time
2. Not sure

**7.4 Employment Related Travel**

**For employed only (1 or 2 in Q1)**

**Q68.** *Are you required to travel **as part** of your job? This includes short and long distance travel.*

1. Yes
2. No (**Skip to Q71**)

**Q69.** *What form of transport do you usually use for your work related travel? [If "Varies" – ask: "What form of transport do you use most often?"]*

Don't read. Single response

1. Taxis
2. Public transport (e.g. Buses, Trains)
3. Plane
4. Own car
5. Someone else's car
6. Walk
7. Other (**please specify**)

**If "Taxis" in Q69:**

**Q70.** *In a typical working week, how often would you use taxis for your work-related travel? Would it be everyday, at least twice a week, once a week, or less than once a week?*

1. Everyday
2. At least twice a week
3. Once a week
4. Less than once a week?
5. (**Don't read**) Not Sure

**Q70a.** *And in a typical working week, how much would be spent in total on taxis for your work-related travel?*

1. Insert spend
2. Not sure

**Q70b.** And who pays for the cost of the taxis?

Don't read out. Multiple response

1. Respondent or family
2. Employer
3. ACC
4. Other government agency
5. Other private agency
6. Other (**please specify**)
7. Not sure

**If 2,3,4,5, 6, or 7 in Q69:**

**Q71.** Do you require help in order to travel by [form of transport]?

1. Yes
2. No (**Skip to Q72**)
3. Not sure (**Skip to Q72**)

**Q71a.** What help do you require?

Don't read. Multiple responses possible

Follow each identified: "Do you require any other help?"

1. Work colleagues drive
2. Other drivers made available to drive
3. Sighted guide to accompany on travel
4. Other (**specify**)

**For each helper identified in Q71a: Ask Q71b – Q71f**

**Q71b.** In a typical working week, how often would you require [type of help]?:

Would it be everyday, at least twice a week, once a week, or less than once a week?

1. Everyday
2. At least twice a week
3. Once a week
4. Less than once a week
5. (Don't read) Not Sure

**If 1, 2, 3 or 5 in Q71b:**

**Q71c.** Approximately how much time would be spent each week providing you [type of help]?

1. Insert minutes/hours
2. Not sure

**If 4 in Q71b:**

**Q71d.** Approximately how much time would be spent each month providing

you with [type of help]?

1. Insert minutes/hours
2. Not sure

**Q71e.** *Is this time specifically allocated or paid for to provide you with the help you require?*

**[INTERVIEWER NOTE: That is, is not just provided through someone's existing job or through some existing activity]**

1. Yes
2. No (**Skip to Q72**)
3. Not Sure (**Skip to Q72**)

**Q71f.** *Who pays for the cost of providing [type of help]?*

Don't read. Multiple responses possible

1. Respondent or family
2. Employer
3. ACC
4. Other government agency
5. Other private agency
6. Other (**please specify**)
7. There is no cost
8. Not sure

## **8. Medical and Health Services**

*The following questions are about your use of health services and products required for your vision impairment.*

### **8.1 Medical and Health Consultations**

**Q72.** *In the last 12 months which of the following have you had a consultation with, or received treatment from, because of your vision impairment?*

Read out. Multiple Response

**[Interviewers note: "Eye specialist" code as Ophthalmologist or eye surgeon]**

1. GP or family doctor
2. A nurse, without seeing a doctor
3. Ophthalmologist or eye surgeon
4. Optician or optometrist
5. Chemist or pharmacist
6. Occupational therapist
7. Counselor, social worker or psychologist
8. Podiatrist or chiroprapist
9. Any other health professional, therapist or healer (**please specify**)

10.(Don't read) None (**Skip to Q78**)

**Randomly select maximum of 4 medical/health professionals identified in Q72: For each ask Q73-Q77c:**

**Q73.** *How often have you seen [medical/health professional] in the last 12 months? Would you say:*

Read out. Single response only

1. 1 or 2 times
2. 3 to 5 times
3. 6 to 10 times
4. more than 10 times
5. (Don't read) Don't know

**Q74.** *In the last 12 months, have you had to pay for your consultations or treatment from [medical/health professional] without getting all the money back from a government agency or medical insurance?*

1. Yes
2. No (**Skip to Q75**)

**Q74a.** *Approximately, how much would you have personally paid for these consultations or treatments in the last 12 months?*

1. Insert spend
2. Not sure

**Q75.** *How long does it typically take you to travel to and from your consultations or treatment from [medical/health professional]?*

Don't read. Single response

1. Less than 30mins
2. 30mins- 1 hour
3. 1-2 hours
4. 2-3 hours
5. 3 hours +
6. Varies too much to say
7. Not sure

**Q76.** **Excluding drivers of taxis or public transport**, do you receive any other help getting to, and attending these consultations or treatments?

1. Yes
2. No (**skip to Q78**)

**Q76a.** *Who usually provides this help?*

**[If "varies", ask for person who helps most often]**

Don't read Out. Single response

1. Husband/Wife/Partner
2. Family/whanau member
3. Flatmate
4. Helper employed by government agency
5. Helper employed/provided by private agency
6. Helper employed by respondent or family
7. Friend or neighbor
8. Volunteer or volunteer organisation
9. Other (***please specify***)

***For helper identified in Q76a:***

**Q77.** *On average, how long (hours/mins) would [helper] spend helping you to attend each consultation or treatment with [medical/health professional]?*

1. Insert time
2. Not sure

**Q77a.** *Does [helper] receive any payment for the time they spend helping you?*

1. Yes
2. No (***Skip to Q78***)
3. Not sure (***Skip to Q78***)

**Q77b.** *Who pays them?*

Don't read out. Multiple Response

1. Respondent or family
2. Government agency (e.g. ACC, Ministry of Health services)
3. Other private agency
4. Part respondent/family and part government/other private agency
5. Medical insurer
6. Other (***please specify***)
7. Not sure

***If 1 or 4 in Q77b:***

**Q77c.** *On average, how much do you or your family pay [helper] each time they help you attend each consultation or treatment?*

1. Insert spend
2. Other (***specify***)
3. Not sure

## **8.2 Medication and Drugs**

**Q78.** *In the last 12 months have you taken any medication, prescription or*

*non-prescription drugs, herbal remedies, or vitamins for your vision impairment?*

1. Yes
2. No (**Skip to Q85**)

**Q79.** *Do you take any prescription drugs for your vision impairment...*

Read Out. Single response

1. Daily
2. Once a week or more
3. Less than once a week
4. As needed
5. Not at all (**Skip to Q81**)

**Q80.** *In the last 12 months, have you or your family had to pay for prescription drugs needed for your vision impairment without getting all the money back from a government agency or medical insurance?*

1. Yes
2. No (**skip to Q81**)

**Q80a.** *Approximately, how much would you or your family have paid for prescription drugs in the last 12 months?*

1. Insert spend
2. Not sure

**Q81.** *Do you take any non-prescription drugs for your vision impairment?*

**Read Out. Single response**

1. Daily
2. Once a week or more
3. Less than once a week
4. As needed
5. Not at all (**Skip to Q84**)

**Q82.** *In the last 12 months, have you or your family had to pay for non-prescription drugs for your vision impairment without getting all the money back from a government agency or medical insurance?*

1. Yes
2. No (**Skip to Q84**)

**Q82a.** *Approximately, how much would you or your family have paid for non-prescription drugs in the last 12 months?*

1. Insert spend
2. Not sure

**Q83.** Do you take any herbal remedies or vitamins for your vision impairment?

Read Out. Single response only

1. Daily
2. Once a week or more
3. Less than once a week
4. As needed
5. Not at all (**Skip to Q85**)

**Q84.** In the last 12 months, have you or your family had to pay for herbal remedies or vitamins for your vision impairment without getting all the money back from a government agency or medical insurance?

1. Yes
2. No (**Skip to Q85**)

**Q84a.** Approximately, how much would you or your family have paid for herbal remedies or vitamins in the last 12 months?

1. Insert spend
2. Not sure

### **8.3 Other Related Health Conditions**

**Q85.** In the last 12 months, have you experienced any other health conditions or problems which you consider to be related to your vision impairment? This includes any health conditions or problems resulting from any accidents caused by your vision impairment.

1. Yes
2. No (**Skip to Q89**)

**Q86.** What other health conditions or problems have you experienced?

Don't read. Multiple responses possible

After each identified: "Are there any others?"

1. Broken bones
2. Sprains/strains
3. Grazes, bruises, cuts
4. Psychological problems (e.g. depression)
5. Other (**please specify**)

**For each health condition identified in Q85:**

**Q87.** What time, financial or other costs have there been to you or others as a result of [condition/accident]? Remember this could include things you have had to give up, do differently or been restricted in doing.

Don't read out. Multiple responses possible

After each identified: "Have there been any other costs?"

1. Consultations, treatment or surgery from medical professionals
2. Consultations and treatment from other health professionals
3. Time spent traveling to and attending consultation, treatment or surgery appointments
4. Rehabilitation (e.g. occupational therapy, physiotherapist treatments)
5. Prescribed drugs
6. Non-prescribed drugs
7. Lost productivity (employer cost)
8. Time off work/loss of personal income
9. Loss of quality of life
10. Other (***please specify***)
11. No costs (***Skip to Q89***)
12. Not sure (***Skip to Q89***)

**Q87a.** *Have you or others incurred any of the following time, financial or other costs as a result of [condition/accident]? Remember this could include things you have had to give up, do differently or been restricted in doing.*

Don't read out. Multiple responses possible

*After each identified: "Have there been any other costs?"*

1. Consultations, treatment or surgery from medical professionals
2. Consultations and treatment from other health professionals
3. Time spent traveling to and attending consultation, treatment or surgery appointments
4. Rehabilitation (e.g. occupational therapy, physiotherapist treatments)
5. Prescribed drugs
6. Non-prescribed drugs
7. Lost productivity (employer cost)
8. Time off work/loss of personal income
9. Loss of quality of life
10. Other (***please specify***)
11. No costs (***Skip to Q88***)
12. Not sure (***Skip to Q88***)

**For each cost identified in Q87:**

**Q88.** *Who paid for or who experienced the costs of [cost]?*

Don't read out. Multiple response.

1. Respondent or family (full cost)
2. Respondent or family (partial cost)
3. Medical insurer
4. Government (general)

5. ACC
6. WINZ
7. Ministry of Health
8. RNZFB
9. Other private agency
10. Other (*please specify*)
11. Not sure

## **9. Social, Recreation, Leisure**

*These next questions are about the things you do in your leisure or free time and any additional costs associated with these activities.*

### **9.1 Activities Undertaken**

**Q89.** *What types of activities do you undertake in your leisure or free time?*

Don't read. Multiple response possible

*After each identified: "Is there anything else?"*

1. Garden
2. Craft activities, knitting
3. Cooking
4. Read
5. Listen to talking books
6. Listen to music at home
7. Sing, play musical instruments
8. Go to music concerts
9. Listen to/watch television
10. Play with pets
11. Go shopping
12. Attend social groups and clubs
13. Attend church
14. Play sport (e.g. blind bowls, golf, cricket)
15. Visit family/friends
16. Talk with family/friends
17. Go out for coffee, lunch or dinner
18. Walking/tramping
19. Go to the gym
20. Drives/trips with friends
21. Drives/trips using public transport
22. Other (*please specify*)
23. None (*Skip to Q97*)

### **9.2 Equipment and Aids**

**Q90.** *Because of your vision impairment, do you require any special equipment or aids to take part in any of your leisure activities?*

[If required: “Beyond that or different to what a sighted person would require to take part in the same activity]

1. Yes
2. No (**Skip to Q92**)

**Q91.** *What equipment or aids do you require?*

Don't read. Multiple responses possible

*After each identified: “Is there anything else?”*

1. Modified sports equipment
2. Walking Cane
3. Antiglare glasses
4. Talking Book Player
5. Other (**please specify**)
6. None identified

### **9.3 Support and Assistance**

**Q92.** *Do you require help from others so that you can take part in any of the leisure activities you have identified?*

1. Yes
2. No (**Skip to Q97**)

**Q93.** *What type of help do you require?*

Don't read. Multiple responses possible

*After each identified: “Do you require any other help?”*

1. Transport to and from activity
2. Directions/assistance getting to activity (e.g. crossing the road, catching the right bus)
3. Guiding/assistance during leisure activity
4. Specific or special training or instruction
5. Other (**please specify**)

**Q94.** *Who helps you?*

Don't read. Multiple responses possible

*Follow each with “Is there anyone else?”*

1. Husband/Wife/Partner
2. Family/whanau member
3. Member of social club
4. Member of sports club
5. Flatmate
6. Friend or neighbor
7. Volunteer or volunteer organisation
8. Private organisation
9. General public/person on the street

10. Other (*please specify*)

**For each helper identified in Q93, Ask Q95 – Q95b:**

**Q95.** *How often would you receive help from [helper]? Would you say everyday, at least twice a week, once a week, or less than once a week?*

Read out. Single response

1. Everyday
2. At least twice a week
3. Once a week
4. Less than once a week
5. **(Don't read)** Not Sure

**If 1, 2, 3 or 5 in Q95:**

**Q95a.** *Approximately how much time would [helper] spend each week helping you?*

1. Insert minutes/hours
2. (Don't read) Not sure

**If 4 in Q95:**

**Q95b.** *Approximately how much time would [helper] spend each month helping you?*

1. Insert minutes/hours
2. (Don't read) Not sure

**Q96.** *Does [helper] receive any payment for the time they spend helping you?*

1. Yes
2. No (**Skip to Q97**)
3. Not sure (**Skip to Q97**)

**Q96a.** *Who pays them?*

Don't read. Multiple responses possible

1. Respondent or family
2. Government agency (e.g. ACC, Ministry of Health services)
3. Social club
4. Sports clubs
5. Other (*please specify*)
6. Not sure

**If 1 in Q96a:**

**Q96b.** *What would be the approximate monthly cost to you or your family for the help you receive?*

1. Insert cost
2. (Don't read) Not sure

#### **9.4 Other Activities and Pursuits**

**Q97.** *I'd like you to think widely now about recreation and leisure, sport, social activities, holidays and holiday type activities. Thinking of these areas, what, if any, activities or pursuits would you like to participate in or do more often, but are unable or restricted from doing so. This could be because of your vision impairment or because of the cost, equipment, time or assistance that you would require to participate.*

Record all identified. Multiple responses possible

*After each identified "Is there anything else?"*

1. Other (**please specify**)
2. None (**skip to Q 98**)

**Random select up to 3 activities/pursuits identified in Q97. For each:**

**Q97a.** *What prevents or restricts you from participating or participating more often in [x]?*

Don't read out. Multiple responses possible

*After each identified "Does anything else prevent or restrict your participation?"*

1. Cannot physically undertake because of blindness/vision impairment
2. Cannot afford to participate (e.g. cost of equipment, cost of transport, cost of support)
3. Necessary equipment is not available
4. Lack access to necessary support and assistance
5. Lack access to necessary transport/transportation difficulties
6. Necessary support/assistance is not provided by the activity
7. The time taken to undertake the activity (e.g. plan, organize, participate)
8. Feel embarrassed/lack confidence in participating because of needs/impairment
9. Don't know if activity is available
10. Other (**specify**)

#### **10. Unpaid/Voluntary Work**

**Q98.** Do you do any voluntary work?

1. Yes
2. No (**Skip to Q105**)

**Q99.** *And how often would you do voluntary work? Would it be everyday, at least twice a week, once a week, or less than once a week?*

Read out. Single response.

1. Daily
2. Weekly
3. Monthly
4. Less than monthly
5. **(Don't read)** Not Sure

**If 1 or 2 in Q99:**

**Q99a.** *Approximately how much time each week would you spend doing voluntary work?*

1. Insert minutes/hours
2. Not sure

**If 3 in Q99:**

**Q99b.** *Approximately how much time each month would you spend doing voluntary work?*

1. Insert minutes/hours
2. Not sure

**If 4 in Q99:**

**Q99c.** *Approximately how much time each year would you spend doing voluntary work?*

1. Insert minutes/hours
2. Not sure

## **10.1 Support and Assistance**

**Q100.** *Do you require help from others so that you can undertake your voluntary work?*

1. Yes
2. No **(Skip to Q105)**

**Q101.** *What type of help do you require?*

Don't read. Multiple responses possible

*After each identified: "Do you require any other help?"*

1. Transport to and from voluntary work commitments
2. Other **(please specify)**

**Q102.** *Who helps you?*

Don't read. Multiple responses possible

*Follow each with "Is there anyone else?"*

1. Husband/Wife/Partner
2. Family/whanau member
3. Member of social club

4. Member of sports club
5. Flatmate
6. Friend or neighbor
7. Volunteer or volunteer organisation
8. Private organisation
9. Other (***please specify***)

***For each helper identified in Q102: Ask Q103 – Q104b***

**Q103.** *How often does [helper] help you undertake your voluntary work?:  
Would you say everyday, at least twice a week, once a week, less than  
once a week or less than once a month?*

Read out if necessary. Single Response

1. Everyday
2. At least twice a week
3. Once a week
4. Less than once a week?
5. Less than once a month?
6. (**Don't read**) Not Sure

***If 1, 2, 3 or in Q103:***

**Q103a.** *Approximately how much time would [helper] spend each week  
helping you to undertake your voluntary work?*

1. Insert minutes/hours
2. Not sure

***If 4 in Q103:***

**Q103b.** *Approximately how much time would [helper] spend each month  
helping you to undertake your voluntary work?*

1. Insert minutes/hours
2. Not sure

***If 5 in 102***

**Q103c.** *Approximately how much time would [helper] spend each year helping  
you to undertake your voluntary work?*

1. Insert minutes/hours
2. Not sure

**Q104.** *Does [helper] receive any payment for the time they spend helping  
you?*

1. Yes
2. No (**Skip to Q105**)
3. Not sure (**Skip to Q105**)

**Q104a. Who pays them?**

Don't read. Multiple responses possible

1. Respondent or family
2. Government agency (e.g. ACC, Ministry of Health services)
3. Other private agency
4. RNZFB
5. Social club
6. Sports clubs
7. Other (**please specify**)
8. Not sure

**If 1 in Q104a:**

**Q104b. What would be the approximate monthly cost to you or your family for the help you receive?**

1. Insert cost (\$)
2. Not sure

## **11. Things Don't Have/Not Accessible**

*We are almost at the end of our interview.*

**Q105. Is there any equipment, service or other support that you need because of your vision impairment but are unable to get?**

Don't read out. Multiple response.

1. Yes (**please specify**)
2. No (**Skip to Q107**)
3. Not sure (**Skip to Q107**)

**For each identified in Q105:**

**Q106. What prevents you from having [insert identified]?**

Don't read. Multiple response possible

*After each identified: "Are there any other reasons?"*

1. Unsure whether equipment/help/service/support exists
2. Equipment/help/service/support is not available in area
3. Equipment/help/service/support is too costly/can't afford it
4. Ineligible for financial help to receive equipment/help/service/support
5. Don't know whether could apply for financial help or where to apply
6. Don't like equipment/help/service/support that is available
7. Feel uncomfortable with equipment/help/service/support available because of cultural differences
8. Other (**please specify**)
9. Not sure

## 12. Other Costs of Blindness

**Q107** *What other costs do you or others around you experience that would be a cost of blindness which we haven't discussed but which you feel is significant? Remember that costs can include financial and time costs to yourself and others as well as things you may have had to give up, do differently or things you may be prevented or restricted from doing.*

Multiple responses possible

*After each identified: "Is there anything else?"*

1. Record verbatim comments
2. No

## 13. Demographics

*These last questions are about you and will help to ensure that we have an appropriate cross section of the Foundation' membership in the survey. Please remember all the information you provide is confidential and your participation is anonymous.*

**Q108.** *Which of the following best describes your living situation?*

Read Out. Single response

1. Living alone
2. Living with partner no children
3. Living with partner and children
4. Living with children only
5. Living with friends/ flat mates
6. Living with family/ parents
7. Other (**please specify**)

**Q109.** *Which of the following best describes your highest education level?*

Read Out. Single response

1. Primary School
2. Intermediate (Form 1 & 2)
3. Secondary (Form 3 & 4)
4. School Certificate (NCEA Level One)
5. Sixth Form Certificate (NCEA Level Two)
6. Bursary (NCEA Level Three)
7. Certificate/ Diploma/ NCEA Level 4
8. Degree
9. Postgraduate Qualification
10. Other (**specify**)

**Q110.** *Which, if any, of the following benefits do you receive?*

Read Out. Multiple responses possible

1. Invalids Benefit (blindness)...**if Yes:** and do you also receive the

- Blind Subsidy
- 2. Invalids Benefit
- 3. Sickness Benefit
- 4. Disability Allowance
- 5. ACC weekly compensation
- 6. NZ Superannuation
- 7. Accommodation Supplement
- 8. Or any other benefit (**please specify**)

**Q111.** Which of the following best describes your household annual income before tax?

Read out. Single response

- 1. Less than \$10,000 a year
- 2. \$10,000 to \$29,999
- 3. \$30,000 to \$59,999
- 4. \$60,000 to \$79,999
- 5. \$80,000 to \$99,999
- 6. \$100,000 to \$119,999
- 7. \$120,000 or more
- 8. (**Don't read**) Varies
- 9. (**Don't read**) Don't know/Refused

**Q112.** Can you tell me your present best-corrected visual acuity?

- 1. Yes (please specify)
- 2. (**Don't read**) Don't Know/ Refused.

### **Thanks and Close**

*That is the end of our interview. Thank you very much for your time and thoughts today. We very much appreciate your assistance with this important research.*

*The findings will be made widely available to all members of the RNZFB once the research has been completed.*

*If you have any queries about the research, you can contact either:*

*Hilary Boyd at the Foundation for the Blind on 0800 24 33 33*

*Or Michael Blewden at Gravitas Research on 0508 RESEARCH*

*If you would like to talk further about any other issues arising from our interview. I can provide you with some other contact details. Would you like to take some details now? **If Yes: Provide names of contact people from/closest to the respondent's location.***

*If no- Thank you again and Good Afternoon/Good Evening.*

## **10. BENEFITS AND ASSISTANCE**

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Benefits and assistance available to the blind and vision-impaired in New Zealand are described.

### **1.4 Work and Income New Zealand**

#### **1.4.1 Invalids Benefit**

The Invalids Benefit is available for a variety of disabilities and illnesses. With regard to those with blindness or visual impairment, only those who are classed as totally blind are entitled to receive the benefit. Totally blind is defined by WINZ as *'the best visual acuity, with correcting lenses does not exceed 3/60 and/or the visual field is contracted to a maximum of five degrees on either side of the fixation point'*.

The value of the benefit ranges from \$163.51-\$285.03 per week, depending on personal factors such as age, whether married and number of children. Couples (who are both blind?), regardless of the number of children receive \$168.38 each.

The benefit is income tested against the blind person's partner's income. If the blind person works and has no partner or whose partner's income does not go over the allowed limits, this income is not means tested (WINZ website: 2003).

#### **1.4.2 Blind Subsidy**

The Blind Subsidy is available to those who are totally blind and receiving an Invalids Benefit. This subsidy entitles the recipient to 25% of their average personal earnings up to specified limits.

Earnings are checked every three months and once total income exceeds specified limits, eligibility for receiving the invalids benefit and therefore the blind subsidy, is lost. Total income is calculated from the Invalids Benefit (net), any supplementary assistance, the blind subsidy and all other income. For those married, income must not exceed \$278.38 (gross) per week or \$14 475.76 a year. If single, income must not exceed \$312.05 (gross) per week or \$16 226.60 a year.

#### **1.4.3 Sickness Benefit**

The sickness benefit is payable to those who cannot temporarily not work because of sickness, injury, pregnancy or disability. To be eligible, recipients must be 18 years or older or 16 -17 years and living with a partner and supporting children you. Recipients are required to have been in previous employment or unemployed or working part-time and constrained on looking

for work or working full time because of sickness, injury, pregnancy or disability.

The benefit amount payable is income tested against a partner's income, with the client and partner able to earn up to \$80 a week before the benefit is affected. The total amount payable (\$107.76 to \$286.28 per week) depends on whether or not the client has a partner, on age, on number of children (if any) and on whether the client is living at home or away from home.

#### **1.4.4 Disability Allowance**

The Disability Allowance is payable in conjunction with all other benefits and reimburses people for ongoing regular costs incurred because of a disability. The benefit is income tested with total income not to exceed pre-determined levels for different recipients (e.g. \$396 per week for single, 16-17 years old, \$660 per week for married couple with 1 or more children). The maximum amount received (non-taxable) is \$47.44 per week.

A Child disability allowance of \$35.75 per fortnight is available regardless of income and is payable to the parent/ caregiver.

#### **1.4.5 Training Incentive**

The Training Incentive is available to those on a benefit, and is to cover costs associated with training that will increase the recipient's chance of finding paid employment.

#### **1.4.6 Work Start Grant**

The Work Start Grant aims to assist those on benefits into work. It can go towards such costs as job interview-related expenses, work placement, relocation, safety equipment, and bridging finance.

#### **1.4.7 Community Services Card**

The Community Services Card is available to those on low incomes to assist with medical costs (doctor's visits and prescriptions). The card is income tested on both the client's and their partner's income. The income earning limits depend on the size of the family and living situation and range from \$19,439 (for a single person living alone) to \$89, 742 (family of 14+ people).

The card entitles the individual to a maximum subsidy of \$15 on medical care (for adults) or \$20 (for children 6 and over). The card also assists with prescriptions and these are often reduced to a maximum cost of \$3.

#### **1.4.8 High Use Health Card**

The High Use Health Card is for those with ongoing health difficulties who

have been to their doctor twelve or more times in the preceding year. The card reduces the amount paid for doctor's consultation and ensures that no more than \$3 per item is paid for government prescription charges. The card is not income tested.

#### **1.4.9 Childcare Subsidy Programme**

The Childcare Subsidy Programme assists families with children under the age of five with childcare costs. To receive any assistance, income must be under a maximum of \$850 per week for families with 3 or more children (other rates apply for 1 or 2 child families). A maximum of 37 hours per week is payable to a maximum total of \$93.98 (\$2.54 per hour).

#### **1.4.10 The OSCAR Subsidy**

The OSCAR Subsidy assists low-income families in paying for before and after school programmes and school holiday programmes for children aged 5-13. To receive any assistance, income must be under a maximum of \$850 per week for families with 3 or more children (other rates apply for 1 or 2 child families). A maximum of 20 hours per week is payable to a maximum total of \$39.20 per week during the school term. A maximum of 37 hours per week is payable to a maximum total of \$72.52 per week during the school holidays.

#### **1.4.11 Family Support**

Family Support is a tax credit aimed at helping low income families or those on income support to help with the costs of child rearing (up to maximum of 18 years of age). The benefit is means tested with a maximum income of \$20 000 per year, except here the sole source of income is a benefit.

Maximum payments are: for the eldest and only child under 15 years, \$47 per week; for each other child below 12 years, \$32 weekly; for each additional child aged 13-15 years, \$40 per week; and for each extra child aged 16-18 years, \$60 weekly.

#### **1.4.12 New Zealand Superannuation**

New Zealand Superannuation is available for New Zealand citizens and residents aged 65 years and over. Payment rates range from \$213.67 to \$296.49 depending on living situation and marital status. All Super Annuitants receive a Super Card which provides identification for receiving 'old age' discounts from private organisations.

#### **1.4.13 The Transitional Retirement Benefit**

The Transitional Retirement Benefit covers recipients for a short period prior to them becoming eligible for Superannuation. The rate paid depends on living situation and number of children. In addition, maximum income for both

the client and their partner must not exceed \$80 per week (\$4160 per year). Maximum amount payable per week is \$336.76.

#### **1.4.14 Domestic Purposes and Widows Benefits**

The Domestic Purposes and Widows Benefits are for sole parents, caregivers of the sick and older women living alone. These benefits are means tested. Payments range from \$163.92 to \$277.48 per week, and may be received concurrently with other welfare assistance.

#### **1.4.15 Unemployment Benefit**

The Unemployment Benefit is aimed at supporting job seekers short-term until they find paid employment. To receive the benefit, the client must be 18 years and over or 16 to 17 years, living with a partner and dependent children. Clients must also be on a job-seeker programme. Payments range from \$134.70 to \$252.60, dependent on the individual's situation, including partner's income. The benefit may be received concurrently with other welfare assistance.

#### **1.4.16 Accommodation Supplement**

The Accommodation Supplement is a non-taxable benefit available to those with low incomes, to assist with accommodation costs. Eligibility is determined by income (recipients do not have to be receiving a benefit to qualify), accommodation costs, and domestic arrangements. Weekly accommodation costs must be over various thresholds which range from \$51 to \$115 depending on living situation- boarding, renting or in own home; partner/no partner and number of children if any.

The supplement is income tested according to the aforementioned criteria and further according to whether or not the person lives in Auckland, Wellington (including urban areas of Hamilton, Rotorua, Napier, Hastings, Tauranga, Palmerston North, Nelson and Christchurch) and other areas. The various income thresholds range from \$20 333.04 to \$53, 576.64. Assets are also tested ranging from less than \$8 100 to less than \$16 200.

### **1.5 Accident Compensation**

#### **1.5.1 Weekly Compensation**

Weekly Compensation is paid to those who are unable to work due to personal injury (this may involve either part- or full-time absence from the workplace. It is calculated at 80% of pre-injury earnings. Partner's income is NOT taken into account. Compensation ranges from \$272.29 to \$1418.00. Verification by a doctor or medical specialist is required.

Either a Lump sum or Independence Allowance may be received in addition to Weekly compensation.

### **1.5.2 Lump Sum Compensation**

Lump Sum Compensation is available for those with a permanent impairment (resulting from an injury that occurred after April 1 2002). ACC will assess the client's situation with a doctor's certificate stating that the impairment is permanent. Two years must have passed since the date of the injury or the client's condition must be stable.

The maximum payment is \$102,520 depending on the level of impairment as assessed by ACC (maximum payment is at the 80% or more disability rating).

Someone who is totally blind or vision-impaired would receive a less than 80% disability rating (Personal communication, ACC).

### **1.5.3 ACC Independence Allowance**

ACC Independence Allowance is available to those with a permanent impairment that occurred before April 1 2002. These payments may continue for the client's entire life and are subject to change according reassessment. The maximum weekly amount is \$66.06.

### **1.5.4 ACC Rehabilitation Assistance**

Through personal communication it has been established that there is really no maximum amount in terms of dollars or hours provided in this area. The claimant will receive assistance required as dictated by assessment. If, for example, assistance (i.e in the form of special equipment or aids) is required for the continuation of the person's life, they are entitled to it for that time.

### ***ACC Home based rehabilitation***

Assistance from someone to help look after the client, their children or home where an injury-related impairment warrants it. Assistance is dependent on ACC assessment.

### ***ACC Aids and Appliances***

On assessment ACC may provide special equipment needed, aiming to "help you become independent in your daily life as quickly as possible".

Areas considered include- mobility, daily tasks or personal care, communications, visual or hearing disabilities, and workplace rehabilitation.

Equipment is owned by ACC and is supplied as long as required.

ACC is also liable for maintenance and replacement of this equipment.

### ***ACC Transport***

ACC may help with extra costs incurred due to travel difficulty as a result of injury. Assistance with the cost of "escorted travel by car, public transport,

taxi, vehicle modifications or assistance with the purchase of a suitable replacement vehicle”.

### ***ACC Home Modifications***

this assistance may apply if you have difficulty gaining access to your home, moving around in your home or living independently in your home.

### ***ACC Training for Independence***

A structured programme designed to help the client: undertake basic activities of daily living and learn to use and maintain aids or appliances that need to be used. Training and coaching is provided in the following areas.

Activities for Daily Living - The purpose of the activities of daily living service is to provide the claimant with training and coaching in order to maximise their ability to live independently. The specific number of hours of training/coaching/assistance will vary between claimants, and will be decided through an initial assessment.

Orientation and Mobility - The purpose of orientation and mobility services is to provide the claimant with training and coaching allow independent movement. The exact nature of this individual assistance will depend on the outcome of an initial assessment, but might include training on how to identify surroundings, use public transport, and/or use mobility aids such as a cane.

Literacy and Communication - The purpose of the literacy and communication service is to provide the claimant with the necessary skills to communicate independently, and prepare them for finding paid employment through one of ACC’s contracted vocational rehabilitation providers. This service can include training in reading Braille and using adaptive technology.

Transcription - The transcription service turns printed text into formats that blind and vision-impaired claimants can access independently. It is up to the claimant's Case Manager to decide what number of transcriptions is appropriate.

Equipment for Independence - The purpose of the ‘equipment for independence’ service is to provide the claimant with items that assist optimal independent functioning. Equipment for independence covers manufactured items that are likely to assist the claimant to undertake the activities of daily living and may be identified as cost-effective alternatives to the delivery of other supports. For items over the value of \$300, Case Manager approval is required by the provider (e.g. occupational therapist) before a purchase is made, otherwise the provider has a large degree of discretion.

Counseling Services - The purpose of the counseling service is to provide the claimant with ways to deal with and adapt to, stress and trauma associated with blindness and visual impairment. The number of counselling hours each claimant will require will be specified in the rehabilitation referral to the provider, up to a maximum of 20 hours.

## 11. EQUIPMENT COST ESTIMATES AND AVERAGES

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### 1.6 Communication Equipment

1. Computer: \$1500.00 (based on average estimated cost of everyday PC computer)
2. Closed Circuit Television (CCTV): \$4140.38 (based on the average of the Aladdin CCTV, Rainbow Aladdin CCTV, Max CCTV, black and white, Prisma CCTV, Liberty plus CCTV and the Smartview CCTV as provided by *RNZFB equipment services*)
3. OCR Scanner (scanner for reading): for this to be present a regular scanner must be fitted with the appropriate print reading software such as K1000 or Openbook) cost of scanner: \$338.65 (based on costs provided by *PriceSpy* for 74 scanners ranging in price from \$76.50 to \$1866.38) the cost of software is calculated based on the average price of both Openbook and K1000: \$1559.92
4. 19" Monitor: \$624.46 (based on costs provided by *PriceSpy* for 65 monitors ranging in price from \$320.63 to \$1815.28)
5. Printer: \$648.19 (based on costs provided by *Price Spy* for 68 printers ranging in price from \$26.98 to \$3127.14)
6. Talking Book Player:\$500 (based on an expert estimate as provided by *RNZFB Library Services*)
7. Tape Recording Equipment: \$456.30 (based on price provided by *RNZFB Equipment services* for subsidised (25%) Sony 4-track cassette recorder)
8. Magnifying Equipment: \$75.92 (based on prices provided by *RNZFB Equipment services* for subsidised (25%) magnifying equipment 95 items ranging from \$9.00 to \$166.05)

## 1.7 Computer Software

1. Screen Reader software: \$2294.06 (based on cost of JAWS 4.0 Standard and JAWS 4.0 Professional provided by *RNZFB Equipment services* and costs provided by *Freedom Scientific* website. 4 items ranging from \$1,404.32 to \$3,650.40)
2. Screen Magnification software: \$718.10 (based on cost of MAGic as provided by *Freedom Scientific* website. 4 items ranging from \$462.86 to \$934.11)
3. Voice/ Speech recognition software: \$351.48 (based on cost of Dragon Naturally Speaking as provided by *Ascent Technology NZ*. 7 items from \$135.39 to \$752.37)
4. Print reading software: \$1559.92 (based on cost of K1000 and OpenBook as provided by *Kurzweil Educational Systems* website and *Freedom Scientific*. 2 items both \$1559.92)

## 1.8 Braille Equipment

1. Braille Writer (e.g. Perkins Brailier; Mountbatten Braille writer): \$606.80 (based on subsidised (75%) cost provided by *RNZFB Equipment Services* for Perkins Brailier and Perkins Brailier Jumbo)
2. Braille embosser: \$8,437.50 (based on cost of Everest Braille Embosser as provided by *Pulse data International*)
3. Electronic Notetaker (e.g. BrailleLite, BrailleNote): \$11,778.75 (based on cost of BrailleNote BT 18 cell & 32 cell; BrailleNoteQT 18 cell & 32 cell and BrailleNote PK as provided by *Pulse data International*)
4. Computer Braille Display (refreshable Braille display): \$10,161.50 (based on costs as provided by *Pulse data International* and as displayed on the *Freedom Scientific* website for 9 items ranging from \$3,133.39 to \$16,636.48)

## 1.9 Other Equipment

1. Special glasses (e.g. prescription glasses, anti-glare glasses): \$38.98 (based on costs of glasses available through the *RNZFB* 102 items range \$13.50 to \$101.25)
2. Walking/ mobility canes: \$33.03 (based on costs provided by *RNZFB Equipment services* for 41 items ranging from \$21.60 to \$47.25)
3. Talking appliances: \$125.81 (based on costs of various talking items as

provided by *RNZFB Equipment Services* for 23 items ranging from \$21.60 to \$214.65)

4. Adaptive Telephone equipment (e.g. large button numbers): \$101.65 (based on cost of three big button phones provided by *Noel Leeming, Telecom* and *Hearwell.co.nz* price range \$79.95 to \$135.00)
5. Adaptive or special kitchen utensils: \$15.84 (based on costs provided by *RNZFB equipment services*)
6. Talking or special clocks, watches or alarms: \$54.14 (based on costs provided by *RNZFB equipment services* for 37 items ranging from \$21.60 to \$118.80)
7. Talking Day Organiser: \$468.45 (based on cost of Parrot Voice Mate third generation as provided by *RNZFB Equipment services*)