

Section A	
QUESTIONS	DEFINITIONS
<p>1a. Did your trouble with seeing come suddenly or did it come gradually?</p> <p><input type="checkbox"/> Suddenly</p> <p><input type="checkbox"/> Gradually</p> <p><input type="checkbox"/> At birth (Go to Question 2)</p>	<p>"Suddenly" would be either instantaneously or in a very short time, usually associated with an injury.</p>
<p>b. If "Suddenly" or "Gradually," ask:</p> <p>How old were you when your trouble with seeing FIRST began to interfere with your daily activities, that is, your work, recreation, education, or travel?</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 400px; text-align: center;">Age</div> <p style="text-align: center;">↓</p> <p style="text-align: center;">(Under 17 - Go to Question 2)</p> <p><input type="checkbox"/> Never interfered (Go to Question 2)</p>	<p>"Daily activities" means the person's usual activities, depending on the age of the person at the time.</p>
<p>If age in 1b is 17 or over, ask:</p> <p>c. Were you working at a job or business before you began to have trouble with seeing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. When were your eyes last examined by a physician eye specialist?</p> <p><input type="checkbox"/> During the past 12 months ____ Years <input type="checkbox"/> Never</p> <p>If person is wearing glasses mark this box <input type="checkbox"/> and ask 3b.</p> <p>If person is not wearing glasses, ask:</p> <p>3a. At the present time do you use any glasses -- that is, ordinary glasses or special glasses or lenses?</p> <p><input type="checkbox"/> Yes (Ask 3b) <input type="checkbox"/> No (Go to Question 4)</p>	<p>If over 12 months, round to nearest year; round 1/2 years upward, e.g., "1 1/2" years should be recorded as "2" years.</p>
<p>If "Yes" or if person is wearing glasses, ask:</p> <p>b. What types of glasses do you use or wear?</p> <p><input type="checkbox"/> Ordinary glasses for distance and for reading</p> <p><input type="checkbox"/> Ordinary glasses for distance alone</p> <p><input type="checkbox"/> Ordinary glasses for reading alone</p> <p><input type="checkbox"/> Spectacles with strong reading additions (such as bifocals)</p> <p><input type="checkbox"/> Hand magnifying lenses</p> <p><input type="checkbox"/> Protection glasses (dark or frosted)</p> <p><input type="checkbox"/> Any other type (Specify) _____</p> <p>_____</p> <p>_____</p>	<p>Mark each type reported. If unable to classify by type, mark last box and describe.</p>
Footnotes and comments	

QUESTIONS	DEFINITIONS
<p>4. Do you see things as if you were looking through a tube or a gun barrel?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Persons with this type of visual defect ("Tunnel Vision") will understand the question</p>
<p>5a. Because of your trouble seeing, do you ever use any aids either in getting around the house or in traveling outside the house; such as a cane, guide dog, or a person with sight?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 6)</p> <hr/> <p><i>If "Yes," ask:</i></p> <p>b. Which do you use? (Mark each one mentioned)</p> <p><input type="checkbox"/> A cane (If marked ask Question 5b(1))</p> <p><input type="checkbox"/> A guide dog (If marked ask Question 5b(2))</p> <p><input type="checkbox"/> A person with sight</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>_____</p> <p>_____</p>	
<p><i>If cane used, ask:</i></p> <p>(1) Have you ever had any special instructions in using or getting around with a cane?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If guide dog used, ask:</i></p> <p>(2) Have you ever had any special instructions in traveling with guide dogs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>"Special instructions" means training by a trained instructor</p>
<p>6a. Have you ever heard of talking book records?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 7)</p> <hr/> <p><i>If "Yes," ask:</i></p> <p>b. At the present time are you getting talking book records of any kind through the mail?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the supplement person is a child, 6a refers to whether the respondent ever heard of talking book records; 6b to whether the child is receiving them.</p>
<p>7a. Have you ever had any instruction in reading braille?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 8)</p> <hr/> <p><i>If "Yes," ask:</i></p> <p>b. Can you read braille?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 8)</p> <hr/> <p><i>If "Yes," ask:</i></p> <p>c. At the present time are you reading books in braille?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Footnotes and comments</p>	

QUESTIONS		DEFINITIONS
8a. During an average week, about how many hours do you spend watching or listening to television? <input type="checkbox"/> Don't watch or listen (Go to Question 9)	No. of hours	If answer is not reported in hours, convert to hours. "An average week" is whatever the person considers to be a typical week.
If some hours reported, ask: b. When you are watching television, how close to the screen do you have to sit in order to see the picture? <input type="checkbox"/> Only listen	No. of feet (Approximately)	If the answer is "Quite close" or something similar, ask about how many feet that would be.
9. During an average week, about how many hours do you spend listening to the radio? <input type="checkbox"/> Don't listen	No. of hours	If answer is not reported in hours, convert to hours. "An average week" is whatever the person considers to be a typical week.
10a. During an average week, about how many hours do you spend reading or listening to books? <input type="checkbox"/> None (Ask 10b)	No. of hours ↓ (Go to Question 11)	Include printed books, books in braille and recorded books. Do not include time spent reading comic books, magazines or newspapers. If answer is not reported in hours, convert to hours.
If "None," ask: b. Is this because of your trouble with seeing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Do you attend any school or take any courses? <input type="checkbox"/> Yes <input type="checkbox"/> No		Include correspondence courses and night school. Report students on summer vacation as "Yes."
INTERVIEWER, MARK ONE BOX. <input type="checkbox"/> Person is under 17 years of age (Skip to Question 20) <input type="checkbox"/> Person is 17 years old or over (Continue with Question 12)		
12. Because of your trouble with seeing have you ever had any special vocational or job training? <input type="checkbox"/> Yes <input type="checkbox"/> No		Training received through any formal program designed to aid or rehabilitate persons with visual defects.
13a. Do you have a job or business? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 14)		Accept the person's answers to Questions 13b and c without probing.
If "Yes," ask: b. What kind of work are you doing?	Occupation	Examples: Farmer, seamstress, sales clerk.
c. What kind of business or industry is this?	Industry	Examples: Farm, dress manufacturing, candy and tobacco stand.
d. Class of worker: (Mark one box) If not indicated by entries in (b) and (c), ask additional questions. <input type="checkbox"/> Private - paid (works for private concern) <input type="checkbox"/> Own (owns or shares ownership in own business) <input type="checkbox"/> Federal Government <input type="checkbox"/> Government - other than Federal <input type="checkbox"/> Non-paid (works only for room and board, etc.)		
e. On the whole, would you say you are very satisfied with your present job, fairly satisfied or not satisfied at all? <input type="checkbox"/> Very satisfied <input type="checkbox"/> Fairly satisfied <input type="checkbox"/> Not satisfied at all		Mark the box for the statement most nearly corresponding to the person's answer.
Footnotes and comments		

QUESTIONS		DEFINITIONS
<p>14a. On the average, about how many hours a week do you spend visiting with friends, either in your home or theirs?</p> <p><input type="checkbox"/> Don't visit</p> <p>b. Has your trouble with seeing made any difference at all in how often you get together with friends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>No. of hours</p>	<p>Include time spent in physical visits only, not telephone conversations.</p> <p>If answer is not in hours, convert to hours.</p>
<p>15a. Do you belong to any clubs or organizations?</p> <p><input type="checkbox"/> Yes (Ask 15b) <input type="checkbox"/> No (Ask 15c)</p> <p>If "Yes" to Question 15a, ask:</p> <p>b. Has your trouble with seeing made any difference at all in your activity in clubs or organizations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No" to Question 15a, ask:</p> <p>c. Is this because of your trouble with seeing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Include any social, civic, fraternal, or religious organizations.</p>
<p>16. Do you go to stores to do any shopping for yourself or your household?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If person lives with related member(s), skip to Question 18.</p> <p>If person does not live with any related member(s), ask:</p> <p>17a. Do you have any relatives who live within ten miles of your home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. About how often do you visit with your relatives, either in your home or theirs?</p> <p><input type="checkbox"/> Every day <input type="checkbox"/> At least once a week <input type="checkbox"/> At least once a month <input type="checkbox"/> Other (Specify) _____</p> <p>c. Do you own your own home, rent or board?</p> <p><input type="checkbox"/> Owns <input type="checkbox"/> Boards <input type="checkbox"/> Rents <input type="checkbox"/> Other (Specify) _____</p>		<p>Either alone or with someone else.</p> <p>17c refers to sample unit, i.e., person's present living quarters.</p>
<p>18. How long have you lived at your present address?</p> <p><input type="checkbox"/> Less than a year <input type="checkbox"/> One year but less than two <input type="checkbox"/> Two years but less than five <input type="checkbox"/> Five years but less than ten <input type="checkbox"/> Ten years or over</p>		
<p>Footnotes and comments</p>		

QUESTIONS	DEFINITIONS
<p>19. How long have you lived in _____ (this area)? (City or town)</p> <p><input type="checkbox"/> Less than a year</p> <p><input type="checkbox"/> One year but less than two</p> <p><input type="checkbox"/> Two years but less than five</p> <p><input type="checkbox"/> Five years but less than ten</p> <p><input type="checkbox"/> Ten years or over</p>	<p>Insert name of city or town -- if in rural area, substitute "this area."</p>
<p>20. Because of your trouble with seeing, are you presently receiving any financial help or other services from public or private agencies?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Include all types of services, such as, aid in shopping, receipt of free recorded books, etc.</p>
<p>Footnotes and comments</p>	

QUESTIONS	DEFINITIONS
<p>6a. Because of your trouble seeing, do you ever use any aids either in getting around the house or in traveling outside the house; such as a cane, guide dog, or a person with sight?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 7)</p> <hr/> <p>If "Yes," ask:</p> <p>b. Which do you use? (Mark each one mentioned)</p> <p><input type="checkbox"/> A cane (If marked, ask Question 6b(1))</p> <p><input type="checkbox"/> A guide dog (If marked, ask Question 6b(2))</p> <p><input type="checkbox"/> A person with sight</p> <p><input type="checkbox"/> Other (Specify) _____</p> <hr/> <p>If cane used, ask:</p> <p>(1) Have you ever had any special instructions in using or getting around with a cane?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If guide dog used, ask:</p> <p>(2) Have you ever had any special instructions in traveling with guide dogs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>"Special instructions" means training by a trained instructor.</p>
<p>7a. Have you ever heard of talking book records?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 8)</p> <hr/> <p>If "Yes," ask:</p> <p>b. At the present time are you getting talking book records of any kind through the mail?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the supplement person is a child, 7a refers to whether the respondent ever heard of talking book records; 7b to whether the child is receiving them.</p>
<p>8a. Have you ever had any instructions in reading braille?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 9)</p> <hr/> <p>If "Yes," ask:</p> <p>b. Can you read braille?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 9)</p> <hr/> <p>If "Yes," ask:</p> <p>c. At the present time are you reading books in braille?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>9. During an average week, about how many hours do you spend reading or listening to books?</p> <p><input type="checkbox"/> None</p>	<p>No. of hours</p> <p>"An average week" is whatever the person considers to be a typical week.</p> <p>Include books in braille, recorded books and printed books read by or to the person, but not including magazines or newspapers. If answer not reported in hours, convert to hours.</p>
<p>10. During an average week, about how many hours do you spend listening to the radio or television?</p> <p><input type="checkbox"/> Don't listen</p>	<p>No of hours</p> <p>If answer not reported in hours, convert to hours.</p>
<p>Footnotes and comments</p>	

QUESTIONS	DEFINITIONS
<p>11. Do you attend any school or take any courses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Include correspondence courses and night school. Report students on summer vacation as "Yes."</p>
<p><i>INTERVIEWER, MARK ONE BOX.</i> <input type="checkbox"/> Person is under 17 years of age (Skip to Question 20) <input type="checkbox"/> Person is 17 years old or over (Continue with Question 12)</p>	
<p>12. Because of your trouble with seeing have you ever had any special vocational or job training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Training received through any formal program designed to aid or rehabilitate persons with visual defects.</p>
<p>13a. Do you have a job or business? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 14)</p>	<p>Accept the person's answers to Questions 13b and c without probing.</p>
<p><i>If "Yes," ask:</i> b. What kind of work are you doing?</p>	<p>Occupation Examples: Farmer, seamstress, sales clerk.</p>
<p>c. What kind of business or industry is this?</p>	<p>Industry Examples: Farm, dress manufacturing, candy and tobacco stand.</p>
<p>d. Class of worker: (Mark one box) If not indicated by entries in (b) and (c), ask additional questions. <input type="checkbox"/> Private - paid (works for private concern) <input type="checkbox"/> Own (owns or shares ownership in own business) <input type="checkbox"/> Federal Government <input type="checkbox"/> Government - other than federal <input type="checkbox"/> Non-paid (works only for room and board, etc.)</p>	
<p>e. On the whole, would you say you are very satisfied with your present job, fairly satisfied or not satisfied at all? <input type="checkbox"/> Very satisfied <input type="checkbox"/> Fairly satisfied <input type="checkbox"/> Not satisfied at all</p>	<p>Mark the box for the statement most nearly corresponding to the person's answer.</p>
<p>14a. On the average, about how many hours a week do you spend visiting with friends, either in your home or theirs? <input type="checkbox"/> Don't visit</p>	<p>No. of hours Include time spent in physical visits only, not telephone conversations.</p>
<p>b. Has your trouble with seeing made any difference at all in how often you get together with friends? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>15a. Do you belong to any clubs or organizations? <input type="checkbox"/> Yes (Ask 15b) <input type="checkbox"/> No (Ask 15c)</p>	<p>Include any social, civic, fraternal, or religious organizations.</p>
<p><i>If "Yes" to Question 15a, ask:</i> b. Has your trouble with seeing made any difference at all in your activity in clubs or organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><i>If "No" to Question 15a, ask:</i> c. Is this because of your trouble with seeing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Footnotes and comments</p>	

QUESTIONS	DEFINITIONS
<p>16. Do you go to stores to do any shopping for yourself or your household?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Either alone or with someone else.</p>
<p><i>If person lives with related member(s), skip to Question 18.</i></p> <p><i>If person does not live with any related member(s), ask:</i></p>	
<p>17a. Do you have any relatives who live within ten miles of your home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. About how often do you visit with your relatives, either in your home or theirs?</p> <p><input type="checkbox"/> Every day</p> <p><input type="checkbox"/> At least once a week</p> <p><input type="checkbox"/> At least once a month</p> <p><input type="checkbox"/> Other (Specify) _____</p>	
<p>c. Do you own your own home, rent or board?</p> <p><input type="checkbox"/> Owns <input type="checkbox"/> Boards</p> <p><input type="checkbox"/> Rents <input type="checkbox"/> Other (Specify) _____</p>	<p>17c refers to sample unit, i.e., person's present living quarters.</p>
<p>18. How long have you lived at your present address?</p> <p><input type="checkbox"/> Less than a year</p> <p><input type="checkbox"/> One year but less than two</p> <p><input type="checkbox"/> Two years but less than five</p> <p><input type="checkbox"/> Five years but less than ten</p> <p><input type="checkbox"/> Ten years or over</p>	
<p>19. How long have you lived in _____ (this area)? (City or town)</p> <p><input type="checkbox"/> Less than a year</p> <p><input type="checkbox"/> One year but less than two</p> <p><input type="checkbox"/> Two years but less than five</p> <p><input type="checkbox"/> Five years but less than ten</p> <p><input type="checkbox"/> Ten years or over</p>	<p>Insert name of city or town -- if in rural area, substitute "this area!"</p>
<p>20. Because of your trouble with seeing, are you presently receiving any financial help or other services from public or private agencies?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Include all types of services, such as, aid in shopping, receipt of free recorded books, etc.</p>
<p>Footnotes and comments</p>	