# Quality of Life in Children with Vision Impairment Focus Group Script (Children)

#### Welcome and Introduction

Hello! We're so glad you are here today! My name is (facilitator) and I will be your facilitator today. Let me also introduce...

# Introduction of Subject of Group

The main reason we are here today is to talk about how you feel about your vision and how it affects everyday life.

# Informed Assent; Oral Notification of Taping

I think you will really enjoy your visit here today because it's part of such an important national study. I think it will make you feel really special and important to know that you were a part of this study. Nothing about today's visit will hurt; you won't have an eye exam and we won't use any drops. If there is ever a time when you want to end your visit, just let me know and we can stop. You can also feel free to tell me if there is ever a question you don't want to answer. Before we get started, do you have any questions about what we are going to do today? *Answer questions*.

We will be using a tape recorder to record the things we talk about today, but everything you say will be private. Does anyone have any questions or objections?

# Guidelines for Focus Group

Let me give you a few quick ground rules for the group. First, everyone's opinion is important and we don't have to all have the same opinion. We are very interested in what you have to say. It's okay to talk to each other and not just to me. Since our time is limited I may need to ask you to stop so we can talk about something else from time to time. I'll give you the "Time out" sign if we need to do that. If you need to go to the bathroom at any point, just raise your hand.

### Introduction of Participants

Now I'd like to go around and let each one of you tell us your first name and one thing you did this week that was important or fun. I only need your first name.

### \*NOTE FOR ANY PROBLEM MENTIONED BELOW, PROBE AS REQUIRED FOR:

- How often is this a problem?
- How serious or important is this to you?
- How important is this compared to other aspects of your vision?
- Have you had to stop doing an activity because of your vision?
- Do you perform an activity less often than you would like because of your vision?
- Are you afraid to do any activity because of your vision?
- Does it take you longer than you would like to perform the activity? Has this decreased your interest in doing the activity?
- Do you feel dependent on others because of your vision?
- Do you feel irritated or frustrated when you have difficulty?

### General Vision

• Describe your vision.

- Is your vision different from your friends' vision? How is it different?
- Is your vision different from your brothers' or sisters' vision? How is it different?

## Mobility

- How well can you see to walk around inside your home?
  - o What kinds of problems do you have?
- Do you have any trouble walking around or playing outside of your house?
  - What types of problems do you have?
- Do you have any trouble moving around in your classroom at school?
- Do you have any trouble moving around the halls or in the gym or cafeteria at school?
  - What types of problems do you have?
- Are there certain areas in your school where it is harder to move around?
- Do you have any trouble playing outside at school?
- Do you have any trouble moving around somewhere you've never been before?
- Do you have any trouble moving around at your friends' homes?
  - o What kinds of problems do you have?
- Do you have any trouble using a white cane?
  - What kinds of problems do you have?

### School Functioning

- Do you have any trouble reading the print used at school?
  - o What kinds of problems do you have?
- How do you feel about the size print you are using?
- How do you feel about using large print materials?
- Do you have any trouble with the assistive devices like magnifiers that you use?
  - What kinds of problems do you have?
- How do you feel about using magnifiers and telescopes?
- How well do you see to read?
- Are there situations when you have difficulty reading?
- Do you have any trouble reading the teacher's handwriting?
- Do you have any trouble reading your classmates' handwriting?

### Social Relations & Activities

- Has there ever been a sport or activity you would have liked to do that you didn't do or that you had to stop doing because of your vision?
- Does your vision make any sport or activity less safe or enjoyable for you?
- Can you do all the activities you would like to do or does your vision make it too difficult for you?
- Does your vision make it difficult to watch TV, going to movies, or go to friends' homes to play?
- Do you have any trouble making friends because of your vision?
- What kinds of problems do you have?
- Do you have any trouble recognizes your friends or family members because you have trouble seeing their faces?
- What kind of problems do you have?
- How does your vision make you feel about yourself?

### Self-care Activities

- Do you have any trouble getting dressed, brushing your teeth, or taking a bath because of your vision?
- Do you have any trouble pouring a drink?
- Do you have any trouble seeing the differences between coins?
- What kinds of problems do you have?

#### Treatment

- How do you feel about any medications you are taking or surgeries you've had?
- Do you have any hopes for future treatments?
- How do you feel about wearing glasses?
- Does wearing glasses ever make it more difficult for you to do certain activities?

# Family Impact

- Do you think your parents ever worry about your vision?
- Do you feel like you spend a lot of time at the doctor because of your vision?
- Do you feel like you get in trouble more because of your vision?
- What expectations do you think your family has about your vision in the future?

# Wrap-up

Is there anything we did not talk about that you think is important for us to know about how your vision affects how you feel or interact with others?

### Questions to Facilitator

Do you have any questions about this group or why we are all here today it? Are there any comments you'd like to make?

# Thank you

We're so glad you spent time with us today. We learned a lot and it was so much fun talking with all of you. Thank you for sharing your thoughts.