Group: ❑ Doer ❑ Non-Doer

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| **Barrier Analysis Questionnaire****on wearing eyeglasses****for use with secondary school children[[1]](#footnote-1)** |

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| **Behaviour Statement**Targeted secondary school children with refractive error every day wear eyeglasses that were prescribed by a trained eye doctor. |

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| **Interview Data**Interviewer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Questionnaire Number: \_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Scripted Introduction**Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am part of a study team looking into the things students do to see better at school. The study includes an interview regarding this topic and will take about 20 minutes. I would like to hear your views on this topic. You do not have to participate in the study and nothing will happen if you decide not to. Likewise, if you decide to be interviewed, you will not receive any material or other benefits. I will not record your name and everything you tell me will be held in strict confidence. Would you like to talk with me? *[If not, thank the student for her/his time.]***Consent was provided**: YES NO |

### Section A: Doer/Non-Doer Screening Questions

**1. Are you a secondary school student?**

❑ A. Yes 🡪 *[Ask the next question*.*]*

❑ B. No 🡪 *[End the interview and look for another respondent*.*]*

❑ C. Won’t say 🡪 *[End the interview and look for another respondent.]*

**2. Do you have trouble seeing when you are not wearing eyeglasses?**

❑ A. Yes 🡪 *[Ask the next question*.*]*

❑ B. No 🡪 *[End the interview and look for another respondent*.*]*

❑ C. Won’t say 🡪 *[End the interview and look for another respondent.]*

**3. Do you wear eyeglasses to help you see better?**

❑ A. Yes 🡪 *[Ask the next question*.*]*

❑ B. No 🡪 *[Mark the respondent as a NON-DOER and continue to section B.]*

❑ C. Won’t say 🡪 *[End the interview and look for another respondent.]*

**4. Where did you get the eyeglasses you currently wear?** *[If the student is not able to respond to this question, ask her/his parents.]*

❑ A. From a trained ophthalmologist / eye doctor 🡪 *[Ask the next question*.*]*

❑ B. Any other answer 🡪 *[Mark the respondent as a NON-DOER and continue to section B.]*

❑ C. Won’t say / Doesn’t know 🡪 *[End the interview and look for another respondent.]*

**5. When you wear the glasses that the doctor prescribed for you, are you able to see very well?**

❑ A. Yes 🡪 *[Ask the next question*.*]*

❑ B. No or any similar answer 🡪 *[Mark the respondent as a NON-DOER and continue to section B.]*

❑ C. Won’t say 🡪 *[End the interview and look for another respondent.]*

**6. In the past five school days, for how many days did you wear your eyeglasses?**

❑ A. Four or more days 🡪 *[Mark the respondent as a DOER and continue to section A.]*

❑ B. Three or fewer days 🡪 *[Mark the respondent as a NON-DOER and continue to section B.]*

❑ C. Won’t say 🡪 *[End the interview and look for another respondent.]*

**DOER/NON-DOER CLASSIFICATION TABLE**

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| **DOER(ALL of the following)** | **NON-DOER(ANY one of the following)** | **DO NOT INTERVIEW(ANY one of the following)** |
| Question 1 = A |  | Question 1 = B or C |
| Question 2 = A |  | Question 2 = B or C |
| Question 3 = A | Question 3 = B | Question 3 = C |
| Question 4 = A | Question 4 = B | Question 4 = C |
| Question 5 = A | Question 5 = B | Question 5 = C |
| Question 6 = A | Question 6 = B | Question 6 = C |

**The respondent is a: ❑ Doer ❑ Non-Doer**

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### Section B: Research Questions

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| **Behaviour Explanation**In the following questions I am going to be talking about “wearing eyeglasses every day”. By this I mean wearing eyeglasses that were prescribed by a trained eye doctor in a health facility – not eyeglasses that were purchased from a market seller or someone else who is not a specialist.  |

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| **If the respondent is a DOER =** **🡫 only ask questions in this LEFT column 🡫** | **If the respondent is a NON-DOER =** **🡫 only ask questions in this RIGHT column 🡫** |
| **1. Perceived Self-Efficacy/Skills**  |
| **1.1 Doers:** What makes it **easy** for you to wear eyeglasses every day that were prescribed by a trained eye doctor?*[Write all responses below. Probe with “What else?”]*  | **1.1 Non-Doers:** What would make it **easy** for you to wear eyeglasses every day that were prescribed by a trained eye doctor? *[Write all responses below. Probe with “What else?”]* |
| **1.2 Doers:** What makes it **difficult** for you to wear eyeglasses every day that were prescribed by a trained eye doctor?*[Write all responses below. Probe with “What else?”]* | **1.2 Non-Doers:** What would make it **difficult** for you to wear eyeglasses every day that were prescribed by a trained eye doctor?*[Write all responses below. Probe with “What else?”]* |
| **2. Perceived Positive Consequences** |
| **Doers:** What are the **positive consequences** of wearing eyeglasses every day?*[Write all responses below. Probe with “What else?”]* | **Non-Doers:** What would be the **positive consequences** of wearing eyeglasses every day?*[Write all responses below. Probe with “What else?”]* |
| **3. Perceived Negative Consequences** |
| **Doers:** What are the **negative consequences** of wearing eyeglasses every day? *[Write all responses below. Probe with “What else?”]* | **Non-Doers:** What would be the **negative consequences** of wearing eyeglasses every day?*[Write all responses below. Probe with “What else?”]* |
| **4. Perceived Social Norms** |
| **4.1 Doers:** Who are all the people that **approve** of you wearing eyeglasses every day?*[Write all responses below. Probe with “Who else? Anyone in particular?”]* | **4.1 Non-Doers:** Who are all the people that **would approve** of you wearing eyeglasses every day?*[Write all responses below. Probe with “Who else? Anyone in particular?”]* |
| **4.2 Doers:** Who are all the people that **disapprove** of you wearing eyeglasses every day?*[Write all responses below. Probe with “Who else? Anyone in particular?”]*  | **4.2 Non-Doers:** Who are all the people that **would disapprove** of you wearing eyeglasses every day?*[Write all responses below. Probe with “Who else? Anyone in particular?”]*   |
| **5. Perceived Access** |
| **5.1 Doers:** How difficult is it to get your vision checked by a trained eye doctor? Is it very difficult, somewhat difficult or not difficult at all?❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all | **5.1 Non-Doers:** How difficult would it be to get your vision checked by a trained eye doctor? Would it be very difficult, somewhat difficult or not difficult at all? ❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all |
| **5.2 Doers:** How difficult is it for your family to pay for the eyeglasses that were prescribed by the doctor? Is it very difficult, somewhat difficult or not difficult at all?❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all | **5.2 Non-Doers:** How difficult would it be for your family to pay for the eyeglasses that were prescribed by the doctor? Would it be very difficult, somewhat difficult or not difficult at all? ❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all |
| **6. Perceived Cues for Action/Reminders** |
| **Doers:** How difficult is it to remember to wear your prescription eyeglasses every day? Is it very difficult, somewhat difficult or not difficult at all?❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all | **Non-Doers:** How difficult is it to remember to wear your prescription eyeglasses every day? Would it be very difficult, somewhat difficult or not difficult at all?❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all |
| **7. Perceived Susceptibility/Vulnerability**  |
| **Doers:** How likely is it that you won’t do well in school next year because you cannot see well? Is it very likely, somewhat likely or not likely at all?❑ A. Very likely❑ B. Somewhat likely❑ C. Not likely at all | **Non-Doers:** How likely is it that you won’t do well in school next year because you cannot see well? Is it very likely, somewhat likely or not likely at all?❑ A. Very likely❑ B. Somewhat likely❑ C. Not likely at all |
| **8. Perceived Severity** |
| **Doers:** How serious would it be if you performed badly in school because you couldn’t see well? Would it be very serious, somewhat serious or not serious at all?❑ A. Very serious❑ B. Somewhat serious❑ C. Not serious at all | **Non-Doers:** How serious would it be if you performed badly in school because you couldn’t see well? Would it be very serious, somewhat serious or not serious at all?❑ A. Very serious❑ B. Somewhat serious❑ C. Not serious at all |
| **9. Perceived Action Efficacy** |
| **Doers:** How likely is it that you will perform well in school if you wore prescription eyeglasses every day? Is it very likely, somewhat likely or not likely at all?❑ A. Very likely❑ B. Somewhat likely❑ C. Not likely at all | **Non-Doers:** How likely is it that you will perform well in school if you wore prescription eyeglasses every day? Is it very likely, somewhat likely or not likely at all?❑ A. Very likely❑ B. Somewhat likely❑ C. Not likely at all |
| **10. Perceived Divine Will** |
| **Doers:** Do you think that God causes people to have poor eyesight?❑ A. Yes❑ B. Maybe ❑ C. No  | **Non-Doers:** Do you think that God causes people to have poor eyesight? ❑ A. Yes❑ B. Maybe ❑ C. No  |
| **11. Policy** |
| **Doers:** Are there any community laws or rules in place that make it less likely that you wear eyeglasses prescribed by a trained eye doctor?❑ A. Yes❑ B. Maybe ❑ C. No | **Non-Doers:** Are there any community laws or rules in place that make it less likely that you wear eyeglasses prescribed by a trained eye doctor?❑ A. Yes❑ B. Maybe ❑ C. No  |
| **12. Culture** |
| **Doers:** Are there any cultural rules or taboos that make it less likely for you to wear eyeglasses every day that were prescribed by a trained eye doctor?❑ A. Yes❑ B. Maybe ❑ C. No | **Non-Doers:** Are there any cultural rules or taboos that make it less likely for you to wear eyeglasses every day that were prescribed by a trained eye doctor?❑ A. Yes❑ B. Maybe ❑ C. No |

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| **Go through the questionnaire and check whether all answers were recorded.****Thank the respondent for her / his time!** |

1. Before you start interviewing students, ensure that you receive their parents’ permission to conduct the interview. [↑](#footnote-ref-1)