

**Information form**

**Survey on deafblindness and parenthood**

**Surname :**

**Given name :**

**Email and telephone number :**

All data collected as part of this survey will remain anonymous

**You are :**

Male 🗆 Female 🗆 Non binary 🗆

* Your age :
* Your marital status: Single 🗆 Married 🗆 Divorced 🗆 Widowed 🗆
* You communicate using : Oral language 🗆 Sign language 🗆 Tactile sign language 🗆 Brail 🗆 Written language 🗆

* Other : ………………………………………………………………

The nature of your sensory impairment (syndrome, accident, operations…): …………………………………….

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At what age did you first become aware of your impairment ?...........................................................................

**You live in :**

**A house/ An apartment** 🗆 In an institution/ in a specialised structure🗆

In a rural area/ In the countryside 🗆 In an urban area/ in a city 🗆

* Is there public transport where you live? Yes 🗆 No 🗆

Do you use public transport? Yes 🗆 No 🗆

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* Does your family live close to you? (Less than 30 minutes) Yes 🗆 No 🗆

**Studies / Employment :**

* Have you completed your studies? :

No 🗆

Up to secondary school 🗆

Up to A-levels (Equivalent of the French baccalaureat) 🗆

Post A-levels 🗆

In a general-population establishment 🗆 In a specialised establishment 🗆

**Do you or have you worked? :**

Never 🗆 In sheltered environment[[1]](#footnote-2) 🗆 In a general-population structure 🗆

If yes, for how long? : ………………………………………………………………………………………………….

**Number of children :**

|  |  |  |
| --- | --- | --- |
| **Given name** | **Child’s gender** | **Date of birth** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |



**Survey on deafblindness and parenthood**

*CRESAM requests you to take this survey, designed as part of the research project undertaken on parenthood.*

*The objective of this survey is to collect information on your experience, representations as well as obstacles and facilitators of your journey as a parent as an individual with dual sensory impairment.*

⇨We will communicate the results of this survey in September.

Please give us your contact information

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⇨All responses will be anonymised

⇨Time taken to complete the survey: approximately 30 minutes

⇨The questionnaire comprises 16 questions

For some questions, you will have to rate your answers on a scale of 0 to 10

In some cases, you can answer the question freely.

For some questions, you may have different answers for different siblings and also depending on when you became a parent. If this is the case, please tell us about the most meaningful experience for you:

1. **In your environment, what are the factors that help you/ have helped you in your experience as a parent?**

**My partner**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**My family circle (parents, siblings…)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Friends**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Associations**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

(Not at all, never) (A lot, always)

**Specialised services**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

(Not at all, never) (A lot, always)

**Accessibility of services**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Housing accessibility**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Suitable equipment**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Financial aid[[2]](#footnote-3)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Social media**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Other resources (please specify) :**

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If you would like to describe a situation or give us specific examples, please do so below: **If you wish to add more, you can do so in the space provided for this purpose at the end of the questionnaire.**

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1. **As parents, to what extent do or did the following factors pose problems for you?**

**Dual sensory impairment**

(Not at all, never) (A lot, always)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Lack of consideration of your opinion and needs**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Lack of information on parenthood (delivery, postpartum depression…)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Lack of accessibility (interpreters, Brail…)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Lack of financial means**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Administrative obligations (registering at a day care centre, applying for or renewing disability benefits…)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Lack of adapted services**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Lack of professionals who are trained in or are aware of deafblindness**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Biases or judgement from others**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Other difficulties (please specify) :**

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**No problems** 🗆

1. **To what extent is your specific communication modality (oral language, sign language, Brail, magnetic loops…) a hindrance or to what extent has it been a hindrance during interactions with professionals working with you and/or your child? (School, special needs teachers, doctors, midwives, paediatricians…)**

**Prior to conception**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**During pregnancy and delivery**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Early childhood (0 - 3 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Later** **Childhood (3 - 12 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Adolescence**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

If you would like to describe a situation or give us specific examples, please do so below: **If you wish to add more, you can do so in the space provided for this purpose at the end of the questionnaire.**

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1. **Did you have information on parenthood prior to becoming a parent or as a parent?**

**Prior to conception**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**During pregnancy**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Early childhood (0 - 3 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Later childhood (3 - 12 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Adolescence**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**What information did you lack ?**

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**What strategies did you adopt to search for information and where or whom did you seek it from?**

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1. **To what extent did the lack of accessibility to information on parenthood hinder you in becoming or being a parent?**

**Prior to conception**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**During pregnancy**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Early childhood (0 - 3 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Later childhood (3 - 12 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Adolescence**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Specify what you thought was lacking or what inconvenienced you:

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What strategies did you adopt to compensate for the lack of accessibility?

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If you would like to describe a situation or give us specific examples, please do so below: **If you wish to add more, you can do so in the space provided for this purpose at the end of the questionnaire.**

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1. **To what extent did you feel limited in your mobility?**

**Prior to conception**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**During pregnancy**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Early childhood (0 - 3 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Later childhood (3 - 12 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Adolescence**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

How was limited mobility a problem during your experience as a parent?

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If you would like to describe a situation or give us specific examples, please do so below: **If you wish to add more, you can do so in the space provided for this purpose at the end of the questionnaire.**

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1. **To what extent did parental responsibility generate stress?**

**Prior to conception**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**During pregnancy**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Early childhood (0 - 3 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Later childhood (3 - 12 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Adolescence**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

If you would like to describe a situation or give us specific examples, please do so below: **If you wish to add more, you can do so in the space provided for this purpose at the end of the questionnaire.**

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1. **In your opinion, to what extent did the medical and specialised support services (gynaecologists, social support services[[3]](#footnote-4), parenting support) have doubts about your capacity and/or your skills to be a parent owing to your dual sensory impairment?**

**Prior to conception**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**During pregnancy**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Early childhood (0 - 3 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Later childhood (3 - 12 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Adolescence**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

If you would like to describe a situation or give us specific examples, please do so below: **If you wish to add more, you can do so in the space provided for this purpose at the end of the questionnaire.**

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1. **In your opinion, to what extent did your immediate circle (of family and friends) have doubts about your capacity and/or your skills to be a parent owing to your dual sensory impairment?**

**Prior to conception**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**During pregnancy**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Early childhood (0 - 3 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Later childhood (3 - 12 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Adolescence**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

If you would like to describe a situation or give us specific examples, please do so below: **If you wish to add more, you can do so in the space provided for this purpose at the end of the questionnaire.**

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1. **To what extent did you yourself have doubts about your capacity and/or skills to be a parents owing to your dual sensory impairment?**

**Priori to conception**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**During pregnancy**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Early childhood (0 - 3 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Later childhood (3 - 12 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Adolescence**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

If you would like to describe a situation or give us specific examples, please do so below: **If you wish to add more, you can do so in the space provided for this purpose at the end of the questionnaire.**

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1. **To what extent did your child adjust/ is your child adjusting to your dual sensory impairment?**

**Early childhood (0 - 3 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Later childhood (3 - 12 years)**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Adolescence**

(Not at all, never) (A lot, always)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**How did your child adapt?**

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**At what point did you tell your child about your dual sensory impairment and explain it to them?**

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**If you have more than one child, have they shown differences in their way of adjusting? Please explain:** …………………………………………………………………………………………………………………………………………………………….

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1. **Did you carry out any genetic research before becoming a parent?**

Yes 🗆 No 🗆

If yes, whose initiative was it?

My doctor recommended it 🗆

My own initiative 🗆

Other (Please specify)……………………

How did this affect your plans to become a parent?

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1. **Based on your experience as a parent, what do you think is important to change or improve in terms of supporting parents with deafblindness?**

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1. **Do you have any ideas, suggestions or strategies that you’d like to share with future parents, their immediate circle and professionals?**

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1. **Has being a parent contributed to your personal development?**

Yes 🗆 No 🗆

**Please explain how:**

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1. **If CRESAM were to set up discussion groups on the subject of parenthood, would you be interested in participating?**

Yes 🗆 No 🗆

**We would like to give spouses and close relatives the opportunity to express their views. Would you like us to send the questionnaire designed for family members?**

Yes 🗆 No 🗆

Contact details:

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**Up next is a blank page where you can express your views freely about your experience as a parent, adding further details to answers provided above.**

**Thank you for your participation!**

Please return the questionnaire to :

Hugues.allonneau@cresam.org

Marion.letohic@cresam.org

Please feel free to contact us by telephone or by email for any questions or comments.

You can express your views here freely, clarifying any points, illustrating your comments with examples or sharing points that you think are important to add:

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1. ( equivalent of the French ESAT ie. Establishments or services providing assistance through employment) [↑](#footnote-ref-2)
2. Equivalent of the French PCH ie. Disability compensation benefits specific to deafblindness or for parenthood [↑](#footnote-ref-3)
3. Equivalent of the French SAVS - *Service d’accompagnement à la vie sociale* [↑](#footnote-ref-4)