APPENDIX C: Covering letter for participants with disabilities

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Dear Participant

Thank you for agreeing to take part in this research. Please do **not** write your name, birth date, student number, ID number, organisation's name, or any other identifying information on this page or the pages which follow. This is an anonymous survey.

Please leave all of the pages stapled together as you have received them. When you have finished, fold your questionnaire in half and put it in the collection box. Note: there are questions to answer on **both** sides of the pages.

Thank you for your time and participation.

Please write a tick or X in the box next to the correct answer.

1. Are you …

A person with a physical disability	
A psychology undergraduate at Wits University	

2. If you are disabled, please indicate the nature of your disability. You can tick more than one box if necessary.

spinal cord injury (you were in an accident or seriously injured your spine through sports etc.)	
limb amputee (you have had a leg or arm removed)	
acquired disability (you had something like childhood polio which left you disabled)	
congenital disability (you were born with a disability)	
chronic illness (you have a serious, ongoing illness)	
visual impairment (your eyesight is affected)	
speech and hearing impairment (your hearing and/or speech is affected)	
other (please specify)	

3. Please indicate your gender

Male	
Female	

4. Please indicate your age

under 18 years	
18-30	
31-50	
51-70	
71 and over	