

Supplementary Materials

Supplementary Table S1: Interview schedule

Basic information

Client's Name: Age: ID: Dog: Contact:

Interview #: Consent: Interviewer: Date:

Orientation and Mobility Outcomes Score: /50

Vision-Related Outcomes in Orientation and Mobility score: /50

Circumstances

1. Do you live alone or with others?
2. Do you get help with anything at home (housemates or external providers)?
3. Are there health/home issues that make your life complicated?
4. Do you have work?
5. What do you do – work, leisure, interests?

Social connections

6. Where do you connect with other people?
7. What makes you feel like you're missing out when you're with others?
8. What makes you feel included when you're with others?

Guide dog mobility

9. How many guide dogs have you had? For how long?
10. What other mobility aids do you use (e.g., this year, beyond home)?

Safe wayfinding: Long cane / Human Guide/Companion

Information access: Websites / Mobile phone apps / Books

Transports: Private car / Taxi / Train / Tram / Bus / Aeroplane / Walk

Low vision: Hat / Sunglasses / Magnifier / Binocular

11. What prompted you to seek guide dog mobility in the first place?
12. What do you use the dog for?
13. What situations do you not need to use the dog for?
14. What do you particularly like about having a guide dog for mobility?
15. Are there any disadvantages to having a guide dog?
16. Are there other things you'd like the dog to do for you?

Orientation and Mobility

17. How far from home do you travel? How often?
18. What strategies do you use to navigate in new places?
19. Where/who do you get support from, for mobility?
20. What do you care about in relation to safety? (What makes you feel unsafe?)
21. What do you care about in relation to mobility?
22. What do you find particularly difficult or tiring about travel?
23. What situations make you feel really good during travel?
24. Is there anything else you want to say about guide dog mobility?

Vision

25. What is/are your eye condition/s?
26. How long have you had low vision or blindness?
27. Is your eye condition stable / progressive / no light perception?
28. What equipment or strategies do you use to manage reading/information?
29. If you have any vision, what conditions make your vision work better?
30. If you have any vision, what makes your vision unreliable or useless?
31. How do you describe your vision to other people?
32. How do you describe yourself to other people?

Supplementary Table S2: Orientation and Mobility Outcomes Tool

Orientation and Mobility Outcomes - Part A: Route Travel		Stable, familiar conditions; no hurry e.g. home, local block	Dynamic, unfamiliar conditions; timeliness needed e.g., road crossings, shops, crowds
Client:		Venue: _____	Venue: _____
Date:		Lighting: Day Dawn/dusk Night _____	Lighting: Day Dawn/dusk Night _____
Assessor:		Aids used: _____	Aids used: _____
Observed / Self-report			
<p>INSTRUCTIONS</p> <p>Start in a familiar place. Observe person working to at least 3 tasks, first in stable then dynamic venues. Discuss, then note details and responses in each cell. Score each cell in Part A out of 3.</p> <p>SCORING</p> <p>3 = Elite skills Graceful, fluent, safe & effective in most places</p> <p>2 = Competent skills Safe & effective, but not always graceful & fluent</p> <p>1 = Basic skills Limited effective skills; needing consolidation</p> <p>0 = Beginner skills Unsafe/inadequate for the context</p>	<p>Getting your bearings Where am I? Which way do I go?</p>	/3	/3
	<p>Checking groundplane What's underfoot? Is it safe to step out?</p>	/3	/3
	<p>Wayfinding Is this the path? Is anything in the way?</p>	/3	/3
	<p>Recognising moving parts Who is around? Do I seek or avoid them?</p>	/3	/3
	<p>Finding things What am I looking for? How do I find it?</p>	/3	/3

Part B: Travel Wellbeing	Score according to discussion about skills, attitudes and activities <u>within the past month</u>	Comments & Score
Activities	0 I'm unmotivated; depressed; find it hard to get anything done 1 I'm discontented: my activities are not very rewarding, but I'm not yet ready for change 2 I'm satisfied with some parts of life, but I'm ready for new directions 3 I'm satisfied with my current mix of activities 4 I find my mix of activities challenging and enriching	/4
Connections	0 I mainly feel like a burden, needy, like I have nothing to give 1 I often feel isolated and vulnerable; unsure who to connect with 2 I know where to find people; I'm linked in with some people or groups 3 I feel included and welcomed when I get together with others 4 I actively contribute, and I feel a sense of belonging in some relationships; it's mutual	/4
Lifespace	0 I'm house-bound; I rarely go beyond the front gate 1 I do routine travel, only in well-known local areas (e.g., home block, local shops) 2 I explore in my local community; I like to try different routes 3 I travel to known places beyond the local community (e.g. commuting for work, visiting friends) 4 I like to explore beyond the local community, discovering new places	/4
Orientation	0 Even at home, I get lost and need help; I have trouble understanding shapes, angles, & distances 1 I can find the way at home; beyond home, I need a companion or I get lost 2 I travel independently beyond home; if I get lost, I rely on help from other people 3 I travel independently beyond home; if I get lost, I can use usually work it out by myself 4 I can go anywhere independently; I use mental mapping and I'm rarely disorientated for long	/4
Agency	0 My travel is managed by other people; I don't make the decisions 1 I need travel restrictions – I'm not always aware of what's safe and what is not 2 I'm aware of my own limitations, but I limit my travel rather than learning new skills 3 I'm aware of my own limitations; I plan ahead; I source information and get help with my travel skills 4 I'm in charge; I evaluate my travel and learn from experience as I go; I develop my own skills	/4
RECOMMENDATIONS		Part A(/30): Part B (/20): Total Score(/50):