Impact Report on Braille Standard for Medicine Packaging

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# Acknowledgments

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# Summary and key points

**Aims:**

* To consider braille reading consumers’ views of the quality and relevance of braille on pharmaceutical packaging compared to the situation a few years ago before the implementation of the EU Directive and subsequent EU standard for braille on medicine packaging.
* Given emergent technical developments in packaging (specifically the idea of ‘talking labels’), to carry out some initial investigation into requirements for accessible packaging to inform further research and development in this area.

**Method:**

* A survey of 165 braille users (all adults), three-quarters of whom described themselves as able to read braille fluently on a daily basis (74%).
* Participants took part in a telephone interview in relation to their views of braille on medicine packaging, other products, and the potential of an alternative pen-like device (for use with talking labels) which could be used as a method of accessing product information.

**Summary points:**

* Most participants reported that they made use of braille labels on medicine packaging (96%), and all participants reported that they found the labels very useful (96%) or quite useful (4%).
* Significantly more braille readers reported that the quality of the braille on medicine packages had improved in the previous two years (42%) compared with braille readers who reported it has got worse (4%).
* This provides evidence that the implementation of the European Standard in relation to braille labels on pharmaceutical packages has had a positive impact for consumers.
* Even so, there is still evidence that some people have experienced poor quality braille on pharmaceutical packaging.
* However, by far the most common reported problem with braille on pharmaceutical packages is not related to the packaging itself, but linked to pharmacists covering the braille with labels.
* Both the previous two points are worthy of action (e.g. alerting professional organisations may usefully bring about change).
* The majority of participants think that a pen-like device for use with talking labels would be a very useful and effective labelling / information solution. This should be in addition to braille labelling.
* Identified advantages of the approach included the greater range and volume of information possible, as well as the ability to include dynamic information (e.g. best before dates).
* Participants provided a range of useful information for those developing this technology.

# Introduction

In 2008, a research team carried out a series of studies investigating the requirements for braille labels on pharmaceutical packages, in particular in relation to the height of the braille cells (see Douglas et al, 2008, 2009). The findings of this research into braille height on pharmaceutical packages formed part of a European Standard (EN 15823), and published as a British Standard (as BS EN 15823).

The Standard was then proposed for adoption at an international level, and at a meeting in Berlin (September 2012) between CEN (European Committee for Standardization) and the International Organisation on Standards (ISO) the recommendation was agreed to adopt an International Standard for braille on pharmaceutical packaging based on the European Standard.

The next steps in the publishing process are that the recommended ISO Standard (ISO 17351:2013) goes out for an international ballot, and is likely to be officially published in April-June 2014. Shortly after this, individual countries will publish their version of the ISO 17351, which will supersede the original European and British Standards (BS and EN 15823).

This small scale survey has two objectives:

1. To consider braille reading consumers’ views of the quality and relevance of braille on pharmaceutical packaging compared to the situation a few years ago before the implementation of the EU Directive and subsequent EU standard for braille on medicine packaging.
2. Given emergent technical developments in packaging (specifically the idea of ‘talking labels’), to carry out some initial investigation into requirements for accessible packaging to inform further research and development in this area.

The approach taken was to carry out a short telephone survey to gather the views from a number of people who read braille.

# Method

## Interview schedule and procedure

## Participants

A total of 165 participants took part in the research (Table 1). Participants lived in the UK and were recruited from the RNIB membership. All participants described themselves as being able to read braille. Each participant took part in a telephone interview (see Appendix) which was carried out by the RNIB telemarketing team in January and February 2013.

More than half of the participants (N=94, 57%) were over 60 years of age, and the remainder (N=71, 43%) were between 18 and 59 years of age. The inclusion of participants who were over 60 years of age was particularly important because in previous research, Douglas et al (2009) had concluded “that braille users 60+ years old find reading braille at low heights harder than people who are under 60 years of age. It should also be noted that older braille users (>60 years) are more likely to be medicine takers, and also more likely to live alone.” (p34).

Participants were asked some details about their braille reading habits. Three quarters (74%) described themselves as able to read braille fluently on a daily basis. All but two participants (99%) described being able to read grade 2 braille (contracted braille). All but one participant (99%) reported that they had noticed braille on medicine packaging.

Table 1. Participant characteristics, N=165

|  |  |
| --- | --- |
| **Characteristic** | **N (%)** |
| **Age** |  |
| 60+ years | 94 (57%) |
| 18-59 years | 71 (43%) |
|  |  |
| **Braille reading habits** |  |
| I read braille fluently on a daily basis | 122 (74%) |
| I read braille only to get by | 12 (7%) |
| I am somewhere in between | 31 (19%) |
|  |  |
| **Grade 1 / grade 2 braille** |  |
| Grade 1 braille | 2 (1%) |
| Grade 2 braille | 14 (9%) |
| Both - Grade 1 and 2 braille | 149 (90%) |
|  |  |
| **Total** | **165 (100%)** |

## Ethics

This research was reviewed and approved by the University of Birmingham Humanities and Social Science Ethical Reviews Committee (reference number ERN\_13-0027).

## Reporting

Results are presented to reflect the structure of the interview schedule (Appendix 1): (1) braille labels on medicine packaging; (2) braille labels on other things; and (3) other types of labelling. All percentages are rounded to the nearest whole number therefore totals may not always be 100%.

# Results

## Braille labels on medicine packaging

### Do you use the braille labels on medicine packaging?

Most of the participants reported that they made use of braille labels on medicine packaging (96%). Indeed, 75% described always using the labels. Only seven participants (4%) reported not using braille labels on medicine packaging.

Table 2. Do you use the braille labels on medicine packaging?

|  |  |
| --- | --- |
|  | **N (%)** |
| Yes always | 123 (75%) |
| Yes sometimes | 35 (21%) |
| No | 7 (4%) |

### What do you think about the quality of the braille on medicine packaging?

Most participants (88%) described the quality of the braille on medicine packaging as good or very good. Only 12% described the braille as poor (and none described it as very poor). Nevertheless, some participants did identify problems with the braille (see Table 8).

Table 3. The quality of the braille on medicine packaging

|  |  |
| --- | --- |
|  | **N (%)** |
| Very Poor | 0 (0%) |
| Poor | 19 (12%) |
| Good | 107 (65%) |
| Very Good | 39 (24%) |

### In the last two years, do you think the quality of braille on medicine packaging has changed?

Given the recent changes to the standards of braille production which pharmaceutical packaging companies must follow (as outlined in the introduction), a key aim of the research was to establish if the end users had experienced any change. Encouragingly, 69 (42%) of participants felt that the braille had improved in the previous two years, and the majority of the remainder (N=79, 48%) had not noticed any change in quality. Only six participants (4%) felt that the quality of the braille had dropped.

A test of distribution using the χ2 one sample test (comparing frequency of responses that braille has got better to frequency of responses that braille has not got better) was found to significantly differ from chance (χ2=52.9, df = 1, p<0.0005). This highly significant finding suggests that many more braille readers in the UK report the quality of the braille has improved in the previous two years compared with braille readers who report it has got worse. This suggests that the implementation of the European standard in relation to braille labels on pharmaceutical packages has had a positive impact for consumers.

Table 4. In the last two years, do you think the quality of braille on medicine packaging has changed?

|  |  |
| --- | --- |
|  | **N (%)** |
| Braille has got better | 69 (42%) |
| Braille has got worse | 6 (4%) |
| Not noticed any change | 79 (48%) |
| Don’t know | 11 (7%) |

### In the last two years, do you think braille has appeared on more or less medicine products?

Similarly encouraging is that almost all of the participants reported that braille had appeared on more medicine products in the previous two years (N=143, 87%), and no participants thought it had appeared on less medicine products.

Table 5. In the last two years, do you think braille has appeared on more or less medicine products?

|  |  |
| --- | --- |
|  | **N (%)** |
| Braille has appeared on more medicine products | 143 (87%) |
| Braille has appeared on less medicine products | 0 (0%) |
| Not noticed any change | 13 (8%) |
| Don’t know | 9 (6%) |

### In general terms, how useful do you think it is having braille on medicine packaging?

Perhaps unsurprisingly, all participants believed that having braille on medicine packaging is useful (the vast majority, 96%, describing it as very useful). None of the participants reported the usefulness of the braille in negative terms.

Table 6. In general terms, how useful do you think it is having braille on medicine packaging?

|  |  |
| --- | --- |
|  | **N (%)** |
| Very useful | 159 (96%) |
| Quite useful | 6 (4%) |
| Not very useful | 0 (0%) |
| Not at all useful | 0 (0%) |

### In what way would you say braille labelling was useful?

A follow-up open question asked the respondents in what way braille labels on medicine packaging were useful. Of the 165 participants, the majority (N=130) responded in practical terms that the label helped them identify the medicine (three participants noting that it meant that they did not have to label the medicines themselves). While the notion of independence is implicit in these responses, 23 participants referred to this explicitly, noting braille labels meant that they did not require sighted assistance when identifying medicine. The question also generated some indications of **additional** information the participants would like. Currently the braille labels are limited to the medicine name and strength. Some participants described how they would like more information: eleven referred to details of the directions of use and side effects associated with the medicine, while 19 described potentially more personalised information such as dosage and strength. Both suggestions pose problems for the current braille production approach. Firstly, the current centralised approach to braille production does not have a mechanism for including specific patient information in the braille labels. Secondly, the available space on medicine packages means that the amount of braille which can be printed is limited.

Table 7. Usefulness of braille on medicine packaging

|  |  |
| --- | --- |
| **Usefulness** | **N** |
| Help to identify medicine and take correct one | **130** |
| Enable to identify medication independently without the need of a sighted assistance | **23** |
| Wish to have braille on medicine packaging to find out the dosage and strength. | **19** |
| Would like to have a bit more information (directions and side effects etc.) | **11** |
| Saves me putting my own braille labels on | **3** |

### Have you experienced any problems with braille on packaging?

Participants were asked an open question about any problems they had experienced with braille medicine packaging, although the interviewers specially prompted in relation to three potential problems: pharmacists covering the braille with (non-braille) prescription labels; braille being too low to read (which was of particular relevance to the aims of the research); and braille being incorrect. The most common problem that participants experienced was in relation to pharmacists covering the braille with labels (N=120, 73%), and this was often raised by participants without prompting (N=47). This suggests that this unhelpful (albeit unintentional) practice is carried out by many pharmacists and some advice through their professional organisations may be useful.

A third of the participants reported the braille could be too flat (N=58, 35%), although this was usually following prompting. Our previous research suggested that older people may require higher braille than younger people. Nevertheless, no age differences were observed in participant’s experiences of difficulty with flat braille. Even so, there is still evidence that significant numbers of people experience poor quality braille on pharmaceutical packaging (in spite of the positive finding that many believe that the quality of braille has generally improved over the last two years).

Very few participants reported incorrect braille (N=7, 4%). Relatively few participants reported that they have not experienced any problem with braille on packaging (N=34, 21%).

Beyond the above, participants identified very few problems with the braille on medicine packaging. Four people noted that pharmacists sometimes changed the packaging to their own boxes which did not have braille labelling (and again this might benefit from linking with professional organisations). In line with points raised above, four participants took this opportunity to highlight additional information which could be included in braille (e.g. instructions, side effects and dosage).

**Table 8. Have you experienced any problems with braille on packaging? N=165 (some participants provided more than one response)**

|  |  |
| --- | --- |
| **Identified problem** | **N** |
| PROMPTED: Pharmacist covers the braille up with labels | 120 (73%) |
| PROMPTED: Braille being too low (unreadable) | 55 (33%) |
| PROMPTED: Braille being incorrect | 7 (4%) |
| NONE of the above problems experienced | 34 (21%) |
| **Other problems identified:** |  |
| Request for more information to be included in braille (e.g. instructions, side effects, dosage) | 4 |
| Pharmacist changes the packaging to their own boxes which have no braille on. | 4 |

### How important do you think it is having braille on medicine packaging?

Almost all participants reported that they believe that having braille on medicine packaging is very important (N=158, 96%). Only one participant was relatively ambivalent about braille on medicine packaging (reporting it to be ‘not very important).

Table 9. How important do you think it is having braille on medicine packaging?

|  |  |
| --- | --- |
|  | **N (%)** |
| Very important | 158 (96%) |
| Quite important | 6 (4%) |
| Not very important | 1 (0.6%) |
| Not at all important | 0 (0%) |

## Braille labels on other things

### Other than medicine packaging, have you found braille on any other products?

Most participants (N=148, 90%) reported that they had found braille on products other than medicine packaging. These people were asked to list example products. Table 10 presents a summary of the products listed (categorised into groups). Bleach and wine were the most commonly referred to products. While a number of manufacturers / suppliers were occasionally mentioned by name (e.g. Boots, Waitrose, l'Occitane), the Co-operative supermarket (Co-op) was referred to much more frequently than any other company (N=53).

Table 10. Products other than medicine packages which were identified as participants as having braille labels

|  |  |
| --- | --- |
| **Category / Product** | **N** |
| **Category: Household products / toiletries** |  |
| Bleach | 92 |
| Household cleaners - cleaning products | 12 |
| l'Occitane (French) beauty products | 8 |
| Shower products | 7 |
| Dettol bottle | 6 |
| Shower gel and shampoo products, | 5 |
| Kitchen cleaners- liquid cleaners | 4 |
| Cough sweets, | 4 |
| Mouth wash | 3 |
| **Examples with only one or two references:** Beauty product – cosmetics, toothpaste, baby changing, Sansex products (shower gel), Boots chemist (creams), cling film, fabric softener, plasters (Co-op) | 1 or 2 |
| **Category: Food / drink** |  |
| Wine bottle | 21 |
| Ready Meals | 12 |
| Boxed cakes, | 10 |
| Paterson's shortbread | 8 |
| **Examples with only one or two references:** food packaging, cereal packaging, alcohol, mince pies, bacon, soft drinks, biscuits, frozen foods, puddings. | 1 or 2 |
| **Category: Other** |  |
| Co-op own products e.g. wine, ready meal, cake etc. | 53 |
| **Examples with only one or two references:** TV remote control, cardboard packaging, police officer identification, plastic bottles, some clothing labels. | 1 or 2 |

### In the last two years, do you think braille has appeared on more or less products generally?

About half of the participants reported that they had not noticed any changes in the braille on packaging generally in the past two years. A similar proportion (N=73, 44%) felt that braille appeared on more products. Very few participants (N=4) thought braille had appeared on less products.

Table 11. Do you think braille has appeared on more or less products generally?

|  |  |
| --- | --- |
|  | **N (%)** |
| Braille has appeared on more products | 73 (44%) |
| Braille has appeared on less products | 4 (2%) |
| Not noticed any change | 85 (52%) |
| Don’t know | 3 (2%) |

### How important do you think it is having braille on packaging generally?

All 165 (100%) of the participants described having braille on packaging generally as important or quite important (with 142 (86%) describing it as very important, and the rest as quite important). None of the participants reported any negative views.

Table 12. How important do you think it is having braille on packaging generally?

|  |  |
| --- | --- |
|  | **N (%)** |
| Very important | 142 (86%) |
| Quite important | 22 (13%) |
| Not very important | 0 (0%) |
| Not at all important | 0 (0%) |

## Other types of labelling

### Information which is typically on print labels which may be of use

It was explained to participants that a challenge with braille for labelling is that it takes up a lot space and therefore only some information can be given (like on medicines, often just the medicine name and strength). As already noted, some participants had already raised this as a concern. The interviewers asked whether information typically available on print labels would be useful to participants. Six prompted examples were given. The summary of the responses (Table 13) indicates a high level of interest in a range of information which is typically not available to blind people: approximately three quarters of participants felt ingredients, prices, nutritional information, and allergen information would be useful to them. While fewer participants felt serving suggestions (59%) and manufacturing details (32%) would be useful, many were still interested in this information.

Table 13. Information typically on print labels – respondents who reported they would be interested in getting access to this information. N=165.

|  |  |
| --- | --- |
|  | **N (%)** |
| Allergens information | 128 (78%) |
| Prices | 123 (75%) |
| Ingredients | 117 (71%) |
| Nutritional information | 117 (71%) |
| Serving suggestions | 97 (59%) |
| Manufacturing details | 53 (32%) |

A follow-up open question asked if the participants would like to add any other information which is typically on product print labels which would be useful to them. A summary of this information is presented in Table 14. The most common information suggested by participants were cooking instructions and cooking times (N=49) and the second most common were ‘sell by’ and ‘use by’ dates (N=26). Some of the information described here (and elsewhere) might be described as ‘dynamic’ – i.e. it is not fixed for a given product or given time (e.g. prices, sell by dates, medication dosage). This has implications for the method of labelling.

Table 14. Other information which is on print labels identified as useful (responses to an open question, unprompted – percentages over 10% provided).

|  |  |
| --- | --- |
| **Information** | **N (%)** |
| Cooking instructions and cooking times | 49 (30%) |
| Food / medication ‘sell by’ and ‘use by’ dates | 26 (16%) |
| Specific nutritional information: calories, fat content, sugar free products | 9 |
| Name of product | 9 |
| Any information that a sighted person has on printed labels | 7 |
| Special offers that I don’t know about | 4 |
| Braille on tinned foods | 3 |
| What the medication is for e.g. painkiller | 2 |
| Other specific examples (one participant only): colours on fabrics; dog (guide dog) medication; washing instructions on clothes; instructions how to use cleaning materials; warnings about a product; braille on gadgets, e.g. on buttons | 1 |

### The potential of technology

Linked to the previous question, participants were asked, ‘what would you think of a solution where you could have any information like this spoken to you by touching a packet with a pen-like device, and the information being read out to you?’ The question was unprompted and generated a range of responses (see Table 15).

Participants were broadly positive about the idea: many noting how the solution would enable them to access a much greater amount of information (N=83), and some describing how it would give increased independence as a shopper (N=9). A number of participants were broadly positive, but added caveats or additional observations. For example, some noted they would still prefer braille (N=38) and this may reflect a concern that such a device would be instead of braille (rather than in addition to braille). Some were concerned about cost (N=22), or made technical observations about requiring good voice output (N=7) and integration into a smart phone (N=5). Others made some comment about how it might be implemented (e.g. part of supermarket customer service, N=6), or predictions of where it may be most useful (e.g. it would be difficult to use in the supermarket, but would work very well at home, N=5).

There were a range of infrequent answers given which are insightful. Some were specific technical points (re-wind features, need for reliability, good battery life); while one participant noted that sighted guides as part of supermarket customer service meant that they had no need for such a device. Four participants referred to prior experience with the ‘PenFriend’ audio labeller (two of whom were relatively negative, two relatively positive).

Table 15. Responses in relation to a pen-like device for accessing product labels (responses to an open question, unprompted – percentages over 10% provided).

|  |  |
| --- | --- |
| **Response category** | **N (%)** |
| POSITIVE: useful and effective solution to access large amount of information that is normally found on packaging. | 83 (50%) |
| POSITIVE (with caveat): Would be a good idea, but prefer braille | 38 (23%) |
| POSITIVE (with caveat): Would be a good idea, but concerns about cost | 22 (13%) |
| POSITIVE: when shopping alone and helps independence | 9 |
| POSITIVE (with caveat): Would be a good idea, but voice must be clear | 7 |
| POSITIVE: Supermarket could offer this device at customer services | 6 |
| POSITIVE (with caveat): Would be difficult to use in the supermarket (but would work very well at home) | 5 |
| POSITIVE: Something compatible with a Smartphone would be a better solution | 5 |

# References

Douglas, G. Weston, A., Whittaker, J., Morley Wilkins, S. and Robinson, D. (2008) *Final Report: Braille dot height research: Investigation of Braille Dot Elevation on Pharmaceutical Products*(University of Birmingham) (ISBN: 0704426919 / 9780704426917)<http://www.birmingham.ac.uk/research/activity/education/victar/research/index.aspx>

Douglas G., Weston, A., Whittaker, J., Morley Wilkins, S. and Robinson, D. (2009) An Investigation of the Height of Embossed Braille Dots for Labels on Pharmaceutical Products. *Journal of Visual Impairment & Blindness, 103, 10*, 662-667.

# Appendix – Interview Schedule

## Section 1 – Introduction and braille details

[Ask for the person on the database by name].

Hello. I'm calling from RNIB and would like to ask a few questions about braille on medicine packaging. Would you be willing to speak to me about this, it should take approximately 10 minutes.

To reassure you:

* The questionnaire aims to find out about your use of braille and your thoughts on information on packaging
* All your answers will be anonymous
* You can stop me at any point

This project is being carried out by RNIB and the University of Birmingham.

Are you happy to discuss this with me? Y/N

[If ‘Yes’, continue; else ‘Thank you and good bye’]

1. Firstly, do you read braille? [Y/N]

[If ‘No’, ‘I’m sorry our records say you read braille. I’ll correct this. This means this survey is not relevant to you. Thank you for your time. Goodbye’; else continue]

1. Which of the following statements best describes your braille reading:   
   I read braille only to get by;  
   I read braille fluently on a daily basis; or  
   I am somewhere in between.
2. Participant age: 18 – 59; 60+
3. Can you read: Grade 1 braille; Grade 2 braille; both

## Section 2 – Braille on medicine packaging

I’m interested in your experiences of braille which is on medicine packaging – such as tablets you might buy from the chemist or supermarket.

1. Have you noticed braille on medicine packaging? Yes; No; [tentative ‘yes’ / ‘I think so’]

[If ‘yes’ continue; else go to Q11]

1. Do you use the braille labels on medicine packaging? Yes always; Yes sometimes; No
2. [Quality] What do you think about the quality of the braille on medicine packaging?   
   Very poor  
   Poor  
   Good  
   Very good
3. [Quality change] In the last two years, do you think the quality of braille on medicine packaging has changed?  
   braille has got better;  
   braille has got worse;  
   not noticed any change;  
   don’t know.
4. [Quantity change] In the last two years, do you think braille has appeared on more or less medicine products?  
   braille has appeared on more medicine products;  
   braille has appeared on less medicine products;  
   not noticed any change;  
   don’t know.
5. [Usefulness] In general terms, how useful do you think it is having braille on medicine packaging?  
   Not at all useful  
   Not very useful  
   Quite useful  
   Very useful

[if answer is not at all useful go to Q12; else continue Q11]

1. [Usefulness - open] In what way would you say it was useful? Open / unprompted - Type text verbatim
2. [Problems] Have you experienced any problems with braille on packaging? [Open / unprompted - Type text verbatim]

Following response to unprompted, follow-up as necessary with:

e.g. a) pharmacists sticking labels over the braille – Y/N;  
e.g. b) braille being too low (unreadable) – Y/N;  
e.g. c) braille being incorrect – Y/N;

1. [Importance] It is a legal requirement to have braille on medicine packaging, and this is not going to change. The purpose of this research is to collect evidence about the impact it has. How important do you think it is having braille on medicine packaging?   
   Not at all important  
   Not very important  
   Quite important  
   Very important  
   [If necessary, reassure the participant that this is not going to change.]

## Section 3 – Braille labels on other things

1. [Quantity change generally] In the last two years, do you think braille has appeared on more or less products generally [clarify as required: i.e. not just medicine products]?  
   braille has appeared on more products;  
   braille has appeared on less products;  
   not noticed any change;  
   don’t know.
2. Other than medicine packaging, have you found braille on any other products? Yes /No.  
   If Yes, please give me some examples - Type text verbatim.
3. [Importance on other things] How important do you think it is having braille on packaging generally?   
   Not at all important  
   Not very important  
   Quite important  
   Very important

## Section 4 – Other types of labelling

So far we have just talked about braille labelling. A challenge with braille for labelling is that it takes up a lot space and therefore only some information can be given (like on medicines, often just the medicine name).

1. Although it would be difficult to do with braille, would any of the following information which is typically on print labels on products in general be useful to you?  
   a) ingredients – Y /N;  
   b) serving suggestions – Y /N;  
   c) prices – Y /N;  
   d) manufacturing details – Y /N;  
   e) nutritional information – Y /N;  
   f) allergens information - Y /N;  
     
   Open prompt – anything else - Type text verbatim
2. What would you think of a solution where you could have any information like this spoken to you by touching a packet with a pen-like device , and the information being read out to you? Open / unprompted - Type text verbatim

## Section 5 – Finishing off and thanks

That is the end of my questions. Thank you very much for your time. We will use your valuable feedback to support our work on braille labelling, as well as some new ideas we have for ‘talking labels’.

The summary report of the feedback you and others have given will be placed on the RNIB website in around May 2013. Please contact us if you would like to access that report in another format.

(If respondent specifically requests contact details, offer: University of Birmingham Graeme Douglas 0121 414 6736; RNIB Heather Cryer 0121 665 4211)

### About RNIB’s research

RNIB is a leading source of information on sight loss and the issues affecting blind and partially sighted people. Our Research and Knowledge Hub contains key information and statistics about blind and partially sighted people including our Sight Loss Data Tool, which provides information about sight loss at a local level throughout the UK. You’ll also find research reports on a range of topics including employment, education, technology, accessibility and more. Visit our Knowledge and Research Hub at: **rnib.org.uk/research**