

## Deaf/Hard of Hearing Student Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

1. When was your hearing loss discovered? \_\_\_\_\_

2. Do you use Sign Language? (circle)      Yes                      No

If yes, a. how old were you when you began using sign language? \_\_\_\_\_

b. where did you learn sign language? \_\_\_\_\_

c. what sign language system do you use? \_\_\_\_\_

3. How do you communicate with your family? (check all that apply)

\_\_\_\_\_ Sign Language                      \_\_\_\_\_ Gestures (Body Language)

\_\_\_\_\_ Speech/Speechreading                      \_\_\_\_\_ Writing

4. How do you communicate with your friends? (check all that apply)

\_\_\_\_\_ Sign Language                      \_\_\_\_\_ Gestures (Body Language)

\_\_\_\_\_ Speech/Speechreading                      \_\_\_\_\_ Writing

5. What kind of communication was used in your school? (check all that apply)

	<u>Sign Language</u>	<u>Sign Language/Speech</u>	<u>Speech Only</u>
Elementary School	_____	_____	_____
Junior High School	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____

6. Do you wear hearing aids? (circle)                      YES                      NO

If yes, (check)                      \_\_\_\_\_ Right                      \_\_\_\_\_ Left                      \_\_\_\_\_ Both

7. What is the degree of your hearing loss?

\_\_\_\_\_ Mild (30-50 dB)                      \_\_\_\_\_ Severe (70-90 dB)  
\_\_\_\_\_ Moderate (50-70 dB)                      \_\_\_\_\_ Profound (90 dB or more)

Over >

