

Deaf and Hard of Hearing Survey Topics/Questions

This is a preliminary list of ideas – please be prepared to add questions for our survey and indicate if you want any of these questions removed. The goal is to have a finalized survey at the end of our meeting ready for presentation.

1. Are you Deaf or Hard of Hearing?
2. Are you the parent or individual deaf/hard of hearing?
3. Age group?
 - a. 0-3
 - b. 4-8
 - c. 9-12
 - d. 12-15
 - e. 15-18
 - f. 19-25
 - g. 26-35
 - h. 36-45
 - i. 46-55
 - j. 56-67
 - k. 68-75
 - l. 76+
4. What services are you lacking in Nevada?
5. What services have you received in Nevada?
 - a. Assistive Device
 - b. Hearing Aid
 - c. Daily Activities
 - d. Other ----
6. What types of workshops would you be interested in attending?
7. What are your hobbies/interests?
8. How much has technology and social media influenced interaction and communication with other people?
9. Do you think Nevada is dealing with the needs of deaf and hard of hearing people?
10. What would you like to see improved?