

HEARING HEALTH FOUNDATION AND THE HEARING LOSS ASSOCIATION OF AMERICA

2017 READER SURVEY

Hearing Health Foundation and the Hearing Loss Association of America are working together to better serve our constituents' needs and raise awareness of the effects of hearing loss. To get to know you better, we ask that you complete the survey below. **Please mail your answers to Hearing Health Foundation, 363 Seventh Ave, 10th Floor, New York, NY 10001.** To complete the survey online, please visit hhf.org/survey.

DEMOGRAPHICS

- Please indicate your age:
 - under 18 years old
 - 18 to 34
 - 35 to 54
 - 55 to 74
 - 75 or older
- Are you a veteran or active military service member? Yes No
- What is your highest level of education achieved?
 - Some high school
 - High school graduate
 - Some college or trade school
 - Associate or bachelor's degree
 - Master's or other professional degree
- What is your pretax household income?
 - Under \$25,000
 - \$25,000 to \$49,999
 - \$50,000 to \$99,999
 - \$100,000 to \$149,999
 - \$150,000 or more
- What is your employment status?
 - Employed or homemaker
 - Out of work or looking for work
 - Student
 - Unable to work
 - Retired

YOUR HEARING

- What is your level of hearing loss?
 - Mild
 - Moderate
 - Moderately severe

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- Severe
 - Profound
 - I don't know
 - I don't have a hearing loss
- Do you have trouble hearing on the phone? Yes No
 - Do you ask people to repeat? Yes No
 - Do you think others mumble? Yes No
 - Do you have difficulty hearing at the movies? Yes No
 - Do you have to read lips in order to hear? Yes No
 - Do you fail to hear someone talking behind you? Yes No
 - Do others tell you that you turn up the volume on the TV too loudly? Yes No
 - Please indicate the cause of your hearing loss: *(as many as apply)*
 - Age-related hearing loss
 - Noise-induced hearing loss
 - Genetic or hereditary factors (e.g., Connexin 26, Usher syndrome)
 - Medication
 - Otosclerosis
 - Head trauma or tumor (e.g., acoustic neuroma)
 - Viral or bacterial infections (e.g., ear infections)
 - I don't know
 - I don't have a hearing loss
 - Other _____

- If you have noise-induced hearing loss, is it due to:
 - Recreational noise (e.g., concerts)
 - Workplace noise (e.g., military, construction, etc.)
- How long have you had your hearing loss?
 - Less than 1 year
 - 1 to 5 years
 - 6 to 10 years
 - More than 10 years
 - Since childhood
 - I don't know
 - I don't have a hearing loss
- Do you use over-the-counter hearing devices or personal sound amplification products? Yes No
- Do you use hearing assistive technology (e.g., an FM system, hearing loop, PockeTalker, captioned telephone)? Yes No

HEARING AIDS

- Do you wear hearing aids? Yes No

If you answered NO to hearing aids:

- Have you been told you would benefit from wearing hearing aids? Yes No

If you answered YES to hearing aids:

- When did you last purchase hearing aids?
 - Within the past year
 - 2 to 5 years ago

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- 5 to 8 years ago
- Over 8 years ago
- I don't know

22. What is your level of satisfaction with your current hearing aids? (1 lowest, 5 highest)
 1 2 3 4 5
23. Does your hearing aid have a telecoil?
 Yes No
24. Who has the biggest influence on whether you purchase hearing aids?
 Primary care physician
 ENT
 Audiologist
 Family member or friend
 Other _____
 I don't have a hearing aid
25. When purchasing hearing aids, please rank the importance of EACH factor: (1 lowest, 5 highest)
 ____ Comfort and quality
 ____ Cost (e.g., price, covered by insurance, free trial period)
 ____ Settings (e.g., programmable for a range of environments such as with a phone or in a restaurant)
 ____ Accessories (e.g., wireless compatibility, has telecoil, able to use with apps, able to self-program)
 ____ Cosmetic (e.g., less visible)
26. When considering hearing aids, please rank the importance of EACH of these potential barriers: (1 lowest, 5 highest)
 ____ Cost
 ____ Not sure where to get my hearing evaluated
 ____ Stigma (e.g., afraid I will look old, not competent, "disabled")
 ____ Overwhelming process and/or confusing choices
 ____ I don't think I need them

COCHLEAR IMPLANTS

27. If you wear a cochlear implant (CI), when did you receive it?
 Within the past year
 1 to 5 years ago
 6 to 10 years ago
 More than 10 years ago
 Since childhood
 I don't have a CI
28. If you do not wear a CI, have you been told by a professional that you would benefit from a CI?
 Yes No
29. If you qualify for a CI but do not have one, please indicate reasons you have not pursued: (as many as apply)
 Concerns about surgery complications or with losing residual hearing
 Cosmetic reasons
 Fear of discomfort
 Concerns about sound quality
 Prefer to wait for a biological cure for hearing loss
 Not convinced of significant improvement over hearing aids
 Other _____
 I don't have a CI
30. If you qualify for a CI and your insurance would cover all the costs (surgery, devices, therapy), would you be more likely to get one?
 Yes No

ADVOCACY

31. Have you ever felt stigmatized or discriminated against because of your hearing loss?
 Always
 Often
 Sometimes
 Never
 I don't have a hearing loss

32. How important to you are EACH of the following issues? (1 lowest, 5 highest)
 ____ Government should mandate that health insurers cover the cost of hearing aids and annual screenings
 ____ Restaurants, bars, movie theaters, health clubs, etc. should make sure the sound level is safe
 ____ Headphones and earbuds should have a volume limit at a safe level of sound
33. Do you think the government should allow safe, regulated, over-the-counter hearing aids to be sold? Yes No
34. How much hearing aid and/or audiological coverage do you receive through health insurance, Medicare, or Medicaid?
 Nothing
 Some, less than 25 percent
 Some, 25 to 50 percent
 Full coverage
 I don't know
35. If your hearing aids were partially or fully covered every three years, would you be more likely to replace them more often?
 Yes No
36. If hearing aids were more easily accessible do you think it would change the public perception of hearing loss (e.g., stigma, discrimination)?
 It would reduce stigma
 It would increase stigma
 Nothing would change
 I don't know

Thank you for taking the time to complete this survey. We also want to hear from your family and friends; please access the survey online at hhf.org/survey. If you have any questions, please contact us at 212.257.6140 or info@hhf.org.