

# Hearing Access Survey

Please complete the anonymous survey below. Once you submit the survey, you will receive a link to enter your email for a \$50 VISA Gift Card raffle.

Thank you!

What is your age in years?

(Place a mark on the scale above)

What is your gender?

- Male
- Female
- Other
- Prefer not to answer

What is your marital status?

- Married
- Single
- Long-term partnership
- Separated/Divorced
- Other/Prefer not to respond

What is your race/ethnicity?

- White/Caucasian, Non-Hispanic
- Hispanic/Latino
- Black/African American
- Asian American
- Other

What is your highest level of education?

- Some secondary/high school
- High school degree
- Some college
- College graduate
- Graduate school degree
- Doctorate degree
- Prefer not to respond

What is your annual household income?

- Less than \$25,000
- \$25,000-49,999
- \$50,000-74,999
- \$75,000-99,999
- \$100,000-149,999
- \$150,000-199,999
- \$200,000 or greater
- Prefer not to respond

What is your primary healthcare insurance type?

- VA health plan or TRICARE
- Medicare
- Medicaid
- Private/Other employer-sponsored insurance
- No insurance

## Hearing Handicap Inventory - This set of questions ask about your hearing.

**The purpose of this scale is to identify problems your hearing loss may be causing you. Please select NO, SOMETIMES, or YES for each question. If you wear hearing instruments, please answer the way you hear without hearing instruments.**

	No	Sometimes	Yes
Does a hearing problem cause you to feel embarrassed when you meet new people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does a hearing problem cause you to feel frustrated when talking to a member of your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does a hearing problem cause you difficulty hearing/understanding coworkers, clients or customers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel handicapped by a hearing problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does a hearing problem cause you difficulty at the movies or in theaters?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does a hearing problem cause you to have arguments with family members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does a hearing problem cause you difficulty when listening to television or radio?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that any difficulty with your hearing limits/hampers your personal or social life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Tinnitus handicap inventory - This section will ask questions about your experiences with tinnitus (ringing or buzzing in your ears).**

**The purpose of this scale is to identify problems tinnitus may be causing you.**

	No, not a problem	Yes, a small problem	Yes, a moderate problem	Yes, a big problem	Yes, a very big problem
Over the last week, tinnitus kept me from sleeping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the last week, tinnitus kept me from concentrating on reading.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the last week, tinnitus kept me from relaxing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the last week, I couldn't get my mind off of tinnitus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever had trouble with hearing loss?  Yes  No

Have you ever had trouble with tinnitus (ringing, roaring, or buzzing) in your ears?  Yes  No

Have you ever been diagnosed with hearing loss by a professional (e.g. any physician)?  Yes  No

Have you ever been diagnosed with tinnitus by a professional (e.g. any physician)?  Yes  No

Have you ever had a hearing test (audiogram)?  Yes  No

How long ago was your most recent audiogram (years)?

(Select 0 if less than 1 year ago)

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(Place a mark on the scale above)

How long ago did you first notice hearing loss (years)?

(Select 0 if less than 1 year ago)

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(Place a mark on the scale above)

How long ago did you first notice tinnitus (years)?

(Select 0 if less than 1 year ago)

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(Place a mark on the scale above)

Have you ever sought medical care for hearing loss?  Yes  No

How long ago did you first seek medical care for hearing loss (years)?

(Select 0 if less than 1 year ago)

Progress bar for hearing loss question

(Place a mark on the scale above)

Have you ever sought medical care for tinnitus?

- Yes
No

How long ago did you first seek medical care for tinnitus (years)?

(Select 0 if less than 1 year ago)

Progress bar for tinnitus question

(Place a mark on the scale above)

Hearing Care - This section asks questions about reasons you chose to seek care for your hearing loss and/or tinnitus.

Please rate how much each factor contributed to your decision to seek care for hearing loss and/or tinnitus (Ignore if no applicable questions are below)

Table with 6 columns: Factor, Not a factor, Mild factor, Moderate factor, Strong factor, Very strong factor. Rows include Degree of hearing loss, Degree of tinnitus, Difficulty hearing others, Psychological strain of hearing issue, Belief in ability to fix hearing problem, Importance of hearing in your life, Family/social support or encouragement, Appointment convenience.

Please describe any other factors related to your motivation to get hearing care.

Text input field for other factors

Did you experience any challenges or barriers to receiving care for hearing loss?

- Yes
No

Did you experience any challenges or barriers to receiving care for tinnitus?

- Yes
No

**Barriers to hearing care - This section asks questions about your experience with barriers to hearing loss or tinnitus care.**

**Please rate how significant was each of the following barriers of care to getting hearing loss care (Ignore if no applicable questions are below)**

	Not a barrier	Minor barrier	Moderate barrier	Important barrier	Very important barrier
Couldn't afford the appointment/procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't afford insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living too far from a provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness about seeing a healthcare provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't get time off work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't get child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You provide care to an adult and could not leave them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty regarding who to reach out to for hearing care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe any other significant barriers to getting hearing care.

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Has a physician ever recommended that you get a hearing assist device (e.g. hearing aid, cochlear implant, etc.)?

- Yes - hearing aid was recommended
- Yes - cochlear implant or other device was recommended
- No

Did you get a hearing aid?

- Yes
- No

Do you still use the hearing aid?

- Yes
- No

**Hearing aid decision - Questions in this section will ask about reasons for your decision to decline a hearing aid.**

**Please rate how important each factor was in your decision to not get a hearing aid.**

	Not a factor	Mild factor	Moderate factor	Strong factor	Very strong factor
Couldn't afford the appointment/procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Couldn't afford insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't afford hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living too far from a provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness about seeing a healthcare provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't get time off work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't get child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You provide care to an adult and could not leave them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about how others perceive me due to wearing hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical discomfort of hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwilling to try hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health issues were more important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing aids make me look old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing aids are uncomfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not like the quality of sound from hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My hearing is not bad enough for hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe any other important factors in your decision to not get a hearing aid.

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Did you get a cochlear implant or other device?  Yes  No

**Cochlear implant decision - Questions in this section will ask about reasons for your decision to decline a cochlear implant.**

**Please rate how important each factor was in your decision to not get a cochlear implant.**

	Not a factor	Mild factor	Moderate factor	Strong factor	Very strong factor
Couldn't afford the appointment/procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't afford insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't afford cochlear implant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Living too far from provider site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness about seeing a healthcare provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't get time off work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't get child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You provide care to an adult and could not leave them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about how others perceive me due to wearing a cochlear implant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern about surgery and risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for lack of improvement in hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for lack of improvement in communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for loss of ability to appreciate music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health issues were more important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe any other important factors in your decision to not get a cochlear implant or other device.

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**Hearing treatments - The questions below will ask about your familiarity with various treatments for hearing loss and/or tinnitus.**

**How familiar are you of the following treatments for hearing?**

	Very unfamiliar	Somewhat unfamiliar	Neither familiar or unfamiliar	Somewhat familiar	Very familiar
Prescription hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the counter hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cochlear implants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone anchored hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>