

THE SECONDARY SCHOOL SURVEY

This survey is for students in middle school or junior high but it may be used with high school students. After the student completes the survey, compare his results to the aggregated results of other school students in the same district, or to the provided results of 64 middle school students who completed the survey across the country in 2001.

How do you feel about your hearing loss?	How do you feel about your hearing aids (or cochlear implants)?	How do you feel about communication with your hearing loss?
Do you feel that you are different from other kids? <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	Do you wear your hearing aids (or cochlear implants)? <input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	Do you sometimes forget that you are hard of hearing because you are so comfortable with your surroundings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone ever tease you because you talk different? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't talk different	Do people ask what your hearing aids (or cochlear implants) are? <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	Do you feel stupid when you ask a question because you are afraid that it has already been asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever get teased because you are hard of hearing? <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	Do you think your hearing aids or cochlear implants are: <input type="checkbox"/> Important part of your life <input type="checkbox"/> Semi-important <input type="checkbox"/> Not so important <input type="checkbox"/> I don't give them much thought	How often do you think your peers give up talking to you if you say "what"? <input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never
Do you ever think you are less than people that can hear? <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	Which of the following do you feel about your hearing aids or cochlear implant? <input type="checkbox"/> They're OK <input type="checkbox"/> Fine with me <input type="checkbox"/> I love them, they help me learn <input type="checkbox"/> Don't care	Do you ever not say "what" because you don't want the person who was talking to you to get mad? <input type="checkbox"/> Yes <input type="checkbox"/> No
How often do you wish you didn't have a hearing disability? <input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Almost never <input type="checkbox"/> Never	Do you feel you need your hearing aids or cochlear implants to understand what is going on in class? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much do you think you miss in class because of your hearing disability, even with your hearing aids or implants? <input type="checkbox"/> Nothing <input type="checkbox"/> Hardly anything <input type="checkbox"/> Some <input type="checkbox"/> A bunch <input type="checkbox"/> Too much
Do you ever get angry because of your hearing disability? <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	In your normal school day do you feel that your hearing aids or cochlear implants exclude you from activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you ever feel that your hearing disability makes you unable to defend yourself quickly because you can't quite say what you are thinking? <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No
Do you feel that your hearing disability makes it harder for you to make friends? <input type="checkbox"/> Yes <input type="checkbox"/> No	When you don't have your hearing aids or cochlear implants on, do you feel like you are missing a part of you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Survey results: Lambert, D. & Goforth, D. (2001). Middle school hard of hearing survey. *Educational Audiology Review*, 18:13–19. Appears in *Building Skills for Success in the Fast-Paced Classroom* (Butte Publishing, 2011) page 341. Refer to this resource for the survey results and related discussion questions.