

# Survey of Hearing Loss and Sound System

(Check ALL that apply; more than one per question is OK.)

1. I am ...

- deaf.
- hard of hearing.
- a person who has some hearing loss.
- someone whom others say has trouble hearing.
- someone with no hearing problems.

2. I ...

- have trouble hearing anything the pastor says.
- sometimes miss a sentence or two in church.
- miss what is being said when my hearing aid picks up other sounds such as crying or noisy children.
- have hearing problems or pain when the organ plays.
- have trouble hearing video presentations in church, such as the *WELS Connection*.

3. I have trouble hearing ...

- when the pastor has his back to the congregation.
- when I sit ... (*describe an area of church where you find it difficult to hear*). \_\_\_\_\_
- when ... (*list other situations that make it difficult to hear at church*). \_\_\_\_\_

4. I find it **easier** to hear the pastor ...

- during the sermon.
- during the liturgy.
- during announcements.
- when I can see his face.
- when I sit in the front.
- when I use an FM/Williams Sound system.
- when I use hearing loop with the T-switch on my hearing aids.

\*\*\*OTHER COMMENTS ABOUT UNDERSTANDING, HEARING, OR SOUND AT OUR CHURCH:

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5. Someone I know who doesn't attend church because of hearing problems is ...

- a member of our church.
- not a member of any church.
- a member of ...(*name of church/religion*).

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6. Which apply to you?

- sign language interpreter
- teacher of the deaf
- court reporter
- know some sign language
- interested in learning sign language
- audiologist
- assistive listening device sales person
- interested in helping our church obtain assistive listening devices
- interested in our church having signed services
- interested in being on our synod's Mission for the Deaf and Hard of Hearing mailing/e-mail list

Thank you for helping us! If you provided information about problems at church or indicated that you know someone who doesn't attend church or that you have skills to help the deaf or hard of hearing, please sign this form. Then we will know whom to contact for more information!

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_