

## HEAR-COMMAND Tool (English) - Public access

# Welcome!

There are 138 questions in this survey.

### Personal Factors and Hearing status

[A002]Which country do you currently live in? \*

Please write your answer here:

[A01]Please select your gender. \*

Please choose **only one** of the following:

- Female
- Male
- Diverse

[A0201]How old are you?

Please write your answer here:

[A03]What is your current marital status? \*

Select all that apply

Please choose **all** that apply:

- Never married
- Currently married
- Divorced
- Widowed
- Separated
- Cohabiting

[A04]

What is your current occupation? Please specify your occupation in the comment box. \*

Comment only when you choose an answer.

Please choose all that apply and provide a comment:

Paid employment

Self-employed

Student

Non-paid work (such as volunteer, charity)

Keeping house/House-maker

Retired

Unemployed (health reason)

Unemployed (other reason)

Others

[A05]How many years were you educated in school and university/professional training combined? Enter the total number of years. \*

Please write your answer here:

[A06]Have you attended a school for the deaf/hearing impaired? \*

Please choose **only one** of the following:

Yes

No

[A07]What is your current living situation? \*

Please choose **only one** of the following:

- I live with my partner.
- I live without a partner but with my child/children.
- I live together with my partner and child/children.
- I live with one or more friends.
- I live with one or more family members (e.g., parents, siblings).
- I live with other unrelated individuals (e.g., roommate)
- I live alone, independently.
- Others; please specify:

Make a comment on your choice here:

[A08]Please state all medical diagnoses regarding your current state of health. The following medical condition pre-exists in the last 12 months or lasts up to 12 months after diagnosis: (If possible, select the given example) \*

Please choose **all** that apply:

- No medical condition
- Diagnosed medical condition(s)
- Undiagnosed medical condition(s)

[A081]Choose the medical condition. Please specify the condition in the comment box. \*

Only answer this question if the following conditions are met:

Medical diagnoses

Comment only when you choose an answer.

If you choose 'Other:' please also specify your choice in the accompanying text field.

Please choose all that apply and provide a comment:

**Mental and cognitive disorders**

(e.g., Anxiety, Depression, Bipolar Personality, Mild Cognitive Impairment, Dementia)

**Sensory disorders and pain**

(e.g., Visual loss, Vestibular and Balance loss, Neuropathy)

**Voice and speech disorders**

(e.g., Hoarseness, Vocal fold paralysis)

**Cardiovascular disease**

(e.g., Myocardial infarction, Peripheral vascular disease, Heart failure, Heart attack, Elevated blood pressure)

**Neurological disease**

(e.g., Stroke, Transient Ischemic Attack, brain tumors)

**Hematological disease**

(e.g., lymphocytic leukemia, Amyloidosis, Anemia)

**Immunological disease**

(e.g., Rheumatoid arthritis, Inflammatory bowel disease, Multiple Sclerosis)

**Respiratory disease**

(e.g., Asthma, chronic obstructive pulmonary disease (COPD), Long-term COVID-19, Lung cancer)

**Digestive disease**

(e.g., Gastroesophageal reflux disease, Ulcers)

**Metabolic disease**

(e.g., Elevated fat/cholesterol levels, Obesity, Elevated blood sugar, Insulin resistance, Diabetes mellitus)

**Endocrine disease**

(e.g., Hyperthyroidism, Hypothyroidism, Chronic Kidney Disease / Dialysis, Liver disease)

**Neuromuskuloskeletal and movement disease**

(e.g., Parkinson's disease, Falling)

**Others**

[A082]Please describe your undiagnosed medical condition. \*

Only answer this question if the following conditions are met:

Answer was at question ' [A08]' (Please state all medical diagnoses regarding your current state of health. The following medical condition pre-exists in the last 12 months or lasts up to 12 months after diagnosis: (If possible, select the given example))

Please write your answer here:



[A08b]What prescribed medications do you take every day? \*

Please write your answer here:

[A09]Have you ever used firearms for target shooting or hunting for work or military service? \*

Please choose **only one** of the following:

- Yes, Several times
- Yes, Sometimes
- No

[A10] If yes, how often did you wear hearing protection (earplugs, earmuffs) when shooting with firearms? \*

Only answer this question if the following conditions are met:

Answer was 'Yes, Several times' or 'Yes, Sometimes' at question ' [A09]' (Have you ever used firearms for target shooting or hunting for work or military service?)

Please choose **only one** of the following:

- Never (or almost never)
- Rarely
- About half the time
- Usually
- Always (or almost always)

[A11] Have you ever had a job where you were exposed to noise or loud noise, for five or more hours a week (e.g. engine noise or loud music)? \*

Please choose **only one** of the following:

- Yes
- No
- I don't know
- Not applicable (never worked)

[A12]If yes, how many months or years have you been exposed to? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A11]' (Have you ever had a job where you were exposed to noise or loud noise, for five or more hours a week (e.g. engine noise or loud music)?)

Please choose **only one** of the following:

- Less than 3 Months
- 3 – 11 Months
- 1 – 2 Years
- 3 – 4 Years
- 5 – 9 Years
- 10 – 14 Years
- 15 or more Years
- I don't know

[A13]If yes, how often have you worn hearing protection (earplugs, earmuffs)? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A11]' (Have you ever had a job where you were exposed to noise or loud noise, for five or more hours a week (e.g. engine noise or loud music)?)

Please choose **only one** of the following:

- Never (or almost never)
- Rarely
- About half the time
- Usually
- Always (or almost always)

[A14]Outside of your job, were you ever exposed to noise or loud noise, for five or more hours a week (e.g. engine noise or loud music)? \*

Please choose **only one** of the following:

- Yes
- No
- I don't know

[A15]If yes, how often have you worn hearing protection (earplugs, earmuffs)? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A14]' (Outside of your job, were you ever exposed to noise or loud noise, for five or more hours a week (e.g. engine noise or loud music)?)

Please choose **only one** of the following:

- Never or almost never
- Rarely
- About half the time
- Usually
- Always or almost always

[A16]Do you know the cause of your hearing loss? \*

Please choose **only one** of the following:

- Yes
- No
- Not applicable

[A17]If yes, select the main cause(s) and specify: \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A16]' (Do you know the cause of your hearing loss?)

Comment only when you choose an answer.

Please choose all that apply and provide a comment:

**Age-related hearing loss**

**Noise-induced hearing loss**

(e.g., Bang, Explosion, Shot, loud music)

**Post surgical procedure**

**Ear disease**

(e.g., Infection, Otosclerosis, Injury, Acoustic neuroma, Meniere's disease, Cholesteatoma, etc.)

**Accident, skull injury**

**Taking toxic medication, Ototoxicity**

**Congenital**

**Others**

[A18]Did you have a sudden hearing loss? \*

Please choose **only one** of the following:

- Yes (Please indicate when and what was the cause in the comment box)
- No
- I don't know
- Not applicable

Make a comment on your choice here:

[A19]Have you had or will you have surgical treatments for ear and hearing conditions? \*

Please choose **all** that apply:

- I previously had a surgery.
- A surgery is planned for the future.
- I have never had it and it's not planned for the future.
- I don't know

[A191]

**In which ear?** When and what type of surgery was it? \*

Only answer this question if the following conditions are met:

Answer was 'I previously had a surgery.' at question ' [A19]' (Have you had or will you have surgical treatments for ear and hearing conditions?)

Please choose **only one** of the following:

- Right
- Left
- Both sides

Make a comment on your choice here:

[A192]**In which ear?** When and what type of surgery will it be? \*

Only answer this question if the following conditions are met:

Answer was 'A surgery is planned for the future.' at question ' [A19]' (Have you had or will you have surgical treatments for ear and hearing conditions?)

Please choose **only one** of the following:

- Right
- Left
- Both sides

Make a comment on your choice here:



[A20]Have you ever been diagnosed with a middle ear infection? \*

Please choose **only one** of the following:

- Yes (How old have you been?)
- No
- I don't know

Make a comment on your choice here:

[A21]Do you suffer from runny ears (not normal ear wax, but abnormal moisture)? \*

Please choose **only one** of the following:

- Yes
- No
- I don't know

[A22]When was the last time you had your hearing tested? \*

Please choose **only one** of the following:

- Never
- Less than a year ago
- 1 year to 4 years ago
- 5 to 9 years ago
- 10 or more years ago
- I don't know

[A23]Does anyone in your family also have an ear or hearing problem? \*

Please choose **only one** of the following:

- Yes
- No
- I don't know

[A24]If yes, from which side of the family? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A23]' (Does anyone in your family also have an ear or hearing problem?)

Please choose **only one** of the following:

- Maternal
- Paternal
- Both

[A25]If yes, please specify the relationship: \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A23]' (Does anyone in your family also have an ear or hearing problem?)

Select all that apply

Please choose **all** that apply:

- Grandparents
- Parents
- Children
- Siblings
- Aunt or Uncle
- Cousins

[A26]Does one of your ears hear better than the other? \*

Please choose **only one** of the following:

- Most of the time
- Only occasionally
- No
- I don't know

[A26p]Do you use headphones to enjoy TV or radio programs? \*

Please choose **only one** of the following:

- Yes
- No

[A26p1]If Yes, which type of headphones? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A26p]' (Do you use headphones to enjoy TV or radio programs?)

Comment only when you choose an answer.

Please choose all that apply and provide a comment:

without cable (Wireless/Bluetooth/Infrared)

with cable

[A26p2]If Yes, how often? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A26p]' (Do you use headphones to enjoy TV or radio programs?)

Please choose **only one** of the following:

- one to several times a day
- one to several times a day weekly
- one to several times a day monthly
- less frequently than once a month

[A27]Do you wear any hearing devices? \*

Please choose **only one** of the following:

Yes

No

[A271]In which ear? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A27]' (Do you wear any hearing devices?)

Please choose **only one** of the following:

Right

Left

Both

[A28R]If yes, **in the right ear**, what type of hearing device do you wear? \*

Only answer this question if the following conditions are met:

Answer was 'Both' or 'Right' at question ' [A271]' (In which ear?)

Please choose **only one** of the following:

- Hearing aid (including Behind-The-Ear, In-The-Ear, Receiver In Canal)
- Bone-Anchored Hearing Aid (e.g., BAHA, Ponto, Bonebridge, OSIA)
- Middle Ear Implant (e.g., Tympanoplasty, Vibrant Soundbridge, Carina)
- Cochlear Implant (CI)
- Others; please specify:

Make a comment on your choice here:

[A28L]If yes, **in the left ear**, what type of hearing device do you wear? \*

Only answer this question if the following conditions are met:

Answer was 'Left' or 'Both' at question ' [A271]' (In which ear?)

Please choose **only one** of the following:

- Hearing aid (including Behind-The-Ear, In-The-Ear, Receiver In Canal)
- Bone-Anchored Hearing Aid (e.g., BAHA, Ponto, Bonebridge, OSIA)
- Middle Ear Implant (e.g., Tympanoplasty, Vibrant Soundbridge, Carina)
- Cochlear Implant (CI)
- Others; please specify:

Make a comment on your choice here:

[A29]

If yes, for how long have you been using the hearing device? **Since year ...**

**(In case you have a hearing aid in both ears, please specify it, separately)**

\*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A27]' (Do you wear any hearing devices?)

Please write your answer here:

[A30]If yes, how many hours a day do you use your hearing device? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A27]' (Do you wear any hearing devices?)

Please choose **only one** of the following:

- Less than 1 hour
- 1 to 4 hours
- 4 to 8 years
- More than 8 hours



[A30p]Do you use add-on devices to stream content from TV sets, broadcasts, or telephone/ Video conferences directly into your hearing aids ("streaming")? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A27]' (Do you wear any hearing devices?)

Please choose **only one** of the following:

Yes

No

[A30p2]If Yes, for what purpose? (Multiple answers) \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A30p]' (Do you use add-on devices to stream content from TV sets, broadcasts, or telephone/ Video conferences directly into your hearing aids ("streaming"))?)

Select all that apply

Please choose **all** that apply:

TV set / Broadcast

Phone / Video conference

[A30p3]If Yes, how often do you use "streaming" for **TV or Broadcast**? \*

Only answer this question if the following conditions are met:

Answer was 'TV set / Broadcast' at question ' [A30p2]' (If Yes, for what purpose?

(Multiple answers))

Please choose **only one** of the following:

- one to several times a day
- one to several times a day weekly
- one to several times a day monthly
- less frequently than once a month

[A30p4]If Yes, how often do you use "streaming" for your **phone / video conference**? \*

Only answer this question if the following conditions are met:

Answer was 'Phone / Video conference' at question ' [A30p2]' (If Yes, for what purpose?

(Multiple answers))

Please choose **only one** of the following:

- one to several times a day
- one to several times a day weekly
- one to several times a day monthly
- less frequently than once a month

[A30p5]Do you use additional devices to transmit the content of conversations via an external microphone (e.g., Phonak "Roger", "mini mic", etc.) directly into your hearing aids ("streaming")? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A27]' (Do you wear any hearing devices?)

Please choose **only one** of the following:

Yes

No

[A30p6]If Yes, how often do you use external microphones? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [A30p5]' (Do you use additional devices to transmit the content of conversations via an external microphone (e.g., Phonak "Roger", "mini mic", etc.) directly into your hearing aids ("streaming"))?)

Please choose **only one** of the following:

one to several times a day

one to several times a day weekly

one to several times a day monthly

less frequently than once a month

## ICF-based items, Body Functions

[H00]

The following questions relate to your general everyday life and can also relate to hearing, but do not have to. We have put a broader focus here, which can also go beyond hearing. When answering the questions, think about the last 30 days considering both healthy and worse days.

**Note: If you use hearing technologies such as a hearing aid, cochlear implant, or other hearing devices, please answer the way you hear with them.**

[H01]Do you have problems with mood (e.g., experience intense mood swings (shifts) and self-image issues, rapid issues in mood in a relatively short period of time)? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H02]Do you have a problem with sleeping (falling asleep, waking up often during the night, or waking up early in the morning)? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H03]Do you have a problem with focusing your attention on one thing? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H04]Do you have a problem with maintaining your focus on two or more things at the same time? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H05]Do you have a problem with remembering things? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H06]Do you have a problem with recalling new information? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H07]Do you have a problem with sad or depressed feelings? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H08]Do you have a problem with seeing and recognizing a person you know across the road (with glasses or contact lenses, if necessary)? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H09]Do you have a problem with seeing and recognizing an object at arm's length (with glasses or contact lenses, if necessary)? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable



[H10]Do you have a problem with taste loss? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H11]Do you have a problem with smell loss? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H12]Do you have a problem with dizziness when standing or changing positions or walking or even when your head is still? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H13]Do you have a problem with your balance when standing or walking or changing position (e.g., being unsteady or off-balance)? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H14]Do you have a problem with pain in general? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H15]Do you have a problem with pain in your head and neck area? If you have a problem, please specify the exact area in which you feel the pain in the comment box. \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

Make a comment on your choice here:

[H16]Do you have a problem with understanding the meaning of a message in your language? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H17]Do you have a problem with producing a meaningful message in your language? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H18]Do you have a problem with ringing, beeping, roaring, or buzzing in your ears? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H19]Do you have a problem with a feeling of pressure or pressure balance in your ear ("popping" of the ear) in your daily life? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H20]Do you have problems with irritation (e.g. itching) on or in the ear? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H21]Do you have a problem with distinguishing the pitch of sounds in general?  
\*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H22]Do you have a problem with distinguishing the tone of sounds in general?

\*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H23]Do you have a problem with distinguishing the volume of sounds in general? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable



[H24]Do you have a problem with detecting a sound in your surrounding environment in general? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H25]Do you have a problem with detecting noises in the household, like running water or a washing machine? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H26]Do you have a problem with discriminating between the sound of a car and a bus? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H27]Do you have a problem with recognizing which instruments are playing when you are listening to music? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H28]Do you have a problem with detecting where a sound comes from? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H29]Do you have a problem with telling whether a bus or truck is coming towards you or going away? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H30]Do you have a problem with detecting from what corner of a lecture room someone is asking a question during a meeting? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H31]Do you have a problem with telling how far away a bus or a truck is from the sound? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H32]Do you have a problem with telling where a human is when he screams or where a dog is when it barks loudly without having to look? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H33]Do you have a problem with detecting right away whether the person on your left or the person on your right starts talking, without having to look? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H34]Do you have a problem with hearing a single jumbled sound when you are hearing more than one sound at a time? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H35]Do you have a problem with understanding the speech of someone you know (your close family members and friends) over a distance of two or more meters? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H36]Do you have a problem with understanding the speech of someone you know (your close family members and friends) in a quiet environment? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H37]Do you have a problem with understanding the speech of someone you know (your close family members and friends) in a noisy environment? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H38]Do you have a problem with understanding the presenter of the news on the radio or TV in general? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H39]Do you have a problem with understanding what someone is saying while the TV is on at the same time without turning the TV down? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable



[H40]Do you have a problem with understanding the presenter of the news on the radio or TV and understanding what someone is saying at the same time? \*

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H41]Do you have any health conditions causing speech impairment or producing sounds? (e.g., caused by ENT problems, stroke, head injury, and other diseases? \*

Please choose **only one** of the following:

- Yes
- No
- I don't know

[H42] If yes, have you been told by other people that you have problems with making sounds (other than speech) such as whistling with your mouth? How big was the problem from the other person's point of view? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [H41]' (Do you have any health conditions causing speech impairment or producing sounds? (e.g., caused by ENT problems, stroke, head injury, and other diseases?))

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H43] If yes, have you been told by others that you have problems with changing the pitch of sounds (other than speech), such as whistles? How big was the problem from the other person's point of view? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [H41]' (Do you have any health conditions causing speech impairment or producing sounds? (e.g., caused by ENT problems, stroke, head injury, and other diseases?))

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H44] If yes, have you been told by others that you have problems with changing the volume of sounds (other than speech), such as whistling? How big was the problem from the other person's point of view? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [H41]' (Do you have any health conditions causing speech impairment or producing sounds? (e.g., caused by ENT problems, stroke, head injury, and other diseases?))

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H45] If yes, have you been told by other people that you have problems with pronunciation? How big was the problem from the other person's point of view?  
\*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [H41]' (Do you have any health conditions causing speech impairment or producing sounds? (e.g., caused by ENT problems, stroke, head injury, and other diseases?))

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H46] If yes, have you been told by other people that you have problems with changing the volume of your speech (too soft or too loud)? How big was the problem from the other person's point of view? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [H41]' (Do you have any health conditions causing speech impairment or producing sounds? (e.g., caused by ENT problems, stroke, head injury, and other diseases?))

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H47] If yes, have you been told by other people that you have problems with changing the speed of your speech? How big was the problem from the other person's point of view? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [H41]' (Do you have any health conditions causing speech impairment or producing sounds? (e.g., caused by ENT problems, stroke, head injury, and other diseases?))

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

[H48]If yes, have you been told by other people that you have problems with telling stories or reporting on something? How big was the problem from the other person's point of view? \*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [H41]' (Do you have any health conditions causing speech impairment or producing sounds? (e.g., caused by ENT problems, stroke, head injury, and other diseases?))

Please choose **only one** of the following:

- No problem / impairment
- Mild problem / impairment
- Moderate problem / impairment
- Severe problem / impairment
- Profound or Complete problem / impairment
- I don't know
- Not applicable

## ICF-based items, Activities and Participation

[H49]Do you have difficulty with dealing with stressful situations? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable



[H50]Do you have difficulty with interacting with people in a socially appropriate manner (e.g. regulating emotions, controlling verbal and physical aggression)?

\*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H51]Do you have difficulty with socializing with people living in your community (e.g. classmates, co-workers)? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H52]Do you have difficulty with dealing with people you do not know? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H53]Do you have difficulty with starting and continuing formal relationships with people in authority (e.g. employers, professionals, or service providers)? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H54]Do you have difficulty with socializing with your family or friends? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H55]Do you have difficulty with making new friends? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H56]Do you have difficulty with starting, continuing, or ending an argument or debate with one person or many people? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H57]Do you have difficulty with understanding a statement or question during communication activity? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H58]Do you have difficulty with maintaining relationships with your immediate family members (Parents, partners, children)? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H59]Do you have difficulty with joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H60]Do you have difficulty with engaging in any hobby or pleasurable activity (such as games, sports, or going to the cinema)? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H61]Do you have difficulty with starting and continuing relationships in a socially appropriate manner (e.g. regulating emotions, controlling verbal and physical aggression)? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H62] Do you have difficulty with performing communication techniques such as lip-reading? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H63]

Do you have difficulty with your day-to-day occupation/tasks?

Answer this question with regards to the task you are assigned at your school or university, paid or unpaid work. \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H64]

Do you have difficulty with doing your most important tasks well?

Answer this question with regards to the task you are assigned at your school or university, paid or unpaid work. \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H65]

Do you have difficulty with getting done all the tasks that you need to do?

Answer this question with regards to the task you are assigned at your school or university, paid or unpaid work. \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable



[H66]

Do you have difficulty with getting your tasks done as quickly as needed?

Answer this question with regards to the task you are assigned at your school or university, paid or unpaid work. \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H67]Do you have difficulty with starting, continuing, or ending a conversation, or speaking with someone? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H68]Do you have difficulty with starting, continuing, or ending a conversation, or speaking with several people in a group? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H69]Do you have difficulty with carrying on a conversation with someone during a crowded meeting? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H70]Do you have difficulty with carrying on a conversation with somebody in a bus or car? Think about the transportation you use on a daily basis. \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H71]Do you have difficulty with following a conversation between five people in a busy restaurant while you can see everyone? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H72]Do you have difficulty with carrying a phone call in a quiet room? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H73]Do you have difficulty with telling what someone is saying when the conversation switches from one person to another? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

[H74]Do you have difficulty with listening to the television, radio, or music in general? \*

Please choose **only one** of the following:

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- Profound or Complete difficulty
- I don't know
- Not applicable

## ICF-based items, Environmental Factors

[H75]What is the extent to which you rate the general support received from people in your society (such as providing emotional and social support, encouragement, etc.)? \*

Please choose **only one** of the following:

- No support
- Mild support
- Moderate support
- Substantial support
- Complete support
- I don't know
- Not applicable

[H76]What is the extent to which you rate the general support received from your close family members and friends (such as providing emotional and social support, encouragement, and so on)? \*

Please choose **only one** of the following:

- No support
- Mild support
- Moderate support
- Substantial support
- Complete support
- I don't know
- Not applicable

[H77]What is the extent to which you rate the general support received from your close family members and friends in your daily functioning, especially during listening-conversation activities? \*

Please choose **only one** of the following:

- No support
- Mild support
- Moderate support
- Substantial support
- Complete support
- I don't know
- Not applicable

[H78]What is the extent to which you rate the general support received from the main health services and systems offered in relation to your hearing aids and medical services (e.g. ear specialist)? \*

Please choose **only one** of the following:

- No support
- Mild support
- Moderate support
- Substantial support
- Complete support
- I don't know
- Not applicable

[H79]What is the extent to which you rate the general support received from your most important healthcare professional(s)? \*

Please choose **only one** of the following:

- No support
- Mild support
- Moderate support
- Substantial support
- Complete support
- I don't know
- Not applicable

[H80]What is the extent to which you rate the overall usefulness of the communication services and systems you use daily such as telephone, cellphone, speaker, Bluetooth connection, and so on? \*

Please choose **only one** of the following:

- No usefulness
- Mild usefulness
- Moderate usefulness
- Substantial usefulness
- Complete usefulness
- I don't know
- Not applicable

[H81]

What is the extent to which the design and construction of your workplace/task place can be considered a barrier? Think about video conferencing, as an example!

(When answering this question, think of a barrier as a hindrance, added difficulty, or restriction. Answer these questions considering the barrier that can affect your daily functioning/tasks (e.g., during listening-conversation activities)). \*

Please choose **only one** of the following:

- No barrier
- Mild barrier
- Moderate barrier
- Severe barrier
- Complete barrier
- I don't know
- Not applicable



[H82]

What is the extent to which the darkness or insufficient light can be considered a barrier (e.g., in lip-reading)?

(When answering this question, think of a barrier as a hindrance, added difficulty, or restriction. Answer these questions considering the barrier that can affect your daily functioning/tasks (e.g., during listening-conversation activities)). \*

Please choose **only one** of the following:

- No barrier
- Mild barrier
- Moderate barrier
- Severe barrier
- Complete barrier
- I don't know
- Not applicable

[H83]

What is the extent to which the low volume of speech can be considered a barrier?

(When answering this question, think of a barrier as a hindrance, added difficulty, or restriction. Answer these questions considering the barrier that can affect your daily functioning/tasks (e.g., during listening-conversation activities)). \*

Please choose **only one** of the following:

- No barrier
- Mild barrier
- Moderate barrier
- Severe barrier
- Complete barrier
- I don't know
- Not applicable

[H84]

What is the extent to which the background noise can be considered a barrier?

(When answering this question, think of a barrier as a hindrance, added difficulty, or restriction. Answer these questions considering the barrier that can affect your daily functioning/tasks (e.g., during listening-conversation activities)). \*

Please choose **only one** of the following:

- No barrier
- Mild barrier
- Moderate barrier
- Severe barrier
- Complete barrier
- I don't know
- Not applicable

[H85]

What is the extent to which the reverberant or echoing environment (e.g., train station) can be considered a barrier?

(When answering this question, think of a barrier as a hindrance, added difficulty, or restriction. Answer these questions considering the barrier that can affect your daily functioning/tasks (e.g., during listening-conversation activities)). \*

Please choose **only one** of the following:

- No barrier
- Mild barrier
- Moderate barrier
- Severe barrier
- Complete barrier
- I don't know
- Not applicable

[H86]

What is the extent to which the unclear sound can be considered a barrier?

(When answering this question, think of a barrier as a hindrance, added difficulty, or restriction. Answer these questions considering the barrier that can affect your daily functioning/tasks (e.g., during listening-conversation activities)). \*

Please choose **only one** of the following:

- No barrier
- Mild barrier
- Moderate barrier
- Severe barrier
- Complete barrier
- I don't know
- Not applicable

[H87]What is the extent to which you rate the overall usefulness of your hearing aid in your normal daily routines? \*

Please choose **only one** of the following:

- No usefulness
- Mild usefulness
- Moderate usefulness
- Substantial usefulness
- Complete usefulness
- I don't know
- Not applicable (I don't use any hearing assistive technology)

[H88]What is the extent to which you rate the overall usefulness of your hearing aid during listening-conversation activities? \*

Please choose **only one** of the following:

- No usefulness
- Mild usefulness
- Moderate usefulness
- Substantial usefulness
- Complete usefulness
- I don't know
- Not applicable (I don't use any hearing assistive technology)

[H89]What is the extent to which you rate the overall usefulness of your hearing aid while using a telephone or cellphone? \*

Please choose **only one** of the following:

- No usefulness
- Mild usefulness
- Moderate usefulness
- Substantial usefulness
- Complete usefulness
- I don't know
- Not applicable (I don't use any hearing assistive technology)

[H90]What is the extent to which you rate the overall usefulness of your hearing aid while watching TV? \*

Please choose **only one** of the following:

- No usefulness
- Mild usefulness
- Moderate usefulness
- Substantial usefulness
- Complete usefulness
- I don't know
- Not applicable (I don't use any hearing assistive technology)

# Thank you!

01.02.2035 – 13:21

Submit your survey.

Thank you for completing this survey.