

Statistical Information

Our funders request statistical information which also assists us to make decisions related to programs and services offered to our members. Please help us to gather the information by completing the questions below.

Your confidentiality is guaranteed.

Please answer each question by checking the appropriate box:

1. **Gender:** F M Nonbinary

2. **Age:** Young Adults 16 - 30 Adult 31 - 64 Senior 65+

3. **Do you have a hearing loss?** Yes, diagnosed Yes, Suspected Hidden Hearing Loss No

I identify as: deaf (Oral) Deaf (ASL) Hard of Hearing N/A

a. **When was your last audiogram?** Within the last year 2 - 3 years ago 4+ years

b. **Do you use any of the following technologies?**

Hearing Aid(s) Cochlear Implant(s) BAHA Other: _____

c. **Do you use any other technology to help you hear?**

T-loop/T-coil Pocketalker Wireless Microphone (Roger Pen) Vibrating Alarm Clock

Specialized Phone Visual Alerts Adapted TV Text 911 Other: _____

4. **Are you a client of Lethbridge-Layton-Mackay (formerly MAB Mackay) Rehabilitation Centre?**

Yes No My file is closed I don't know

5. **How would you like to receive our magazine?** Mail (hard copy) Email (digital PDF) Both

6. **How long have you been a Hear Québec member?**

New Member 1 - 3 years 4 - 6 years 7 - 9 years 10+ years

7. **How did you learn about Hear Québec?**

HEARHEAR Magazine Website Social Media Activity/Event

Professional Referral Friend Referral Pamphlet/Handout Other: _____

8. **Do you wish to be subscribed to our Email List for newsletters, notifications, and updates about upcoming events?**

Yes No

Photo Permission:

I hereby authorize Hear Québec to publish photographs taken of me, my name, and my likeness for use in Hear Québec's print, online, and video-based marketing materials and other organizational publications. I hereby release Hear Québec from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the publication of these photographs.

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I give Hear Quebec permission to use my photos YES NO

I have read and understand the above:

Signature: _____ Date: _____