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DESCRIBING YOUR LIFE

**Youth Quality of Life Instrument for Youth who are Deaf or
Hard-of-Hearing (YQOL-DHH)**

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Quality of Life of Deaf or Hard-of-Hearing Youth (YQOL-DHH)

- You will read questions that ask how you feel about yourself.
- Please circle ONE number on each scale that BEST describes how the statement applies to you.
- We are only interested in how you feel about your life IN GENERAL.

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1. As a person who is deaf or hard-of-hearing, I feel my parents give me the **same amount** of independence as others my age... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

2. I **feel included** in the things my family does together... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

3. I **feel okay** telling my teacher about my needs... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

4. I feel I **have enough** technology, such as pagers, videophones, texting, and/or internet to communicate as a person who is deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

5. I **feel okay explaining** to others that I am deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

6. As a person who is deaf or hard-of-hearing, I **feel okay asking** for help when I need it... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

7. I know how to stand up or speak up for myself as a person who is deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

8. As a person who is deaf or hard-of-hearing, I **feel okay asking** for what I want in public places... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

9. As a person who is deaf or hard-of-hearing, it is **easy for me** to start talking to people I do not know... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

10. As a person who is deaf or hard-of-hearing, I am **satisfied** with the ways I have to communicate... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

11. I feel **other youth are willing to help me** when I need it as a person who is deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

12. **My teacher(s) helps me** to communicate easier in the classroom as a person who is deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

13. As a person who is deaf or hard-of-hearing, I **feel there are enough things** to do with people other than my family... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

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14. As a person who is deaf or hard-of-hearing, I **feel accepted** by students at my school... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

15. I **get upset** when people do not understand what I am saying because I am deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

16. I feel like my **parents protect me too much** because I am deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

17. I feel people who are **hearing treat me badly** because I am deaf or hard-of-hearing ... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

18. I feel **people think I am dumb** because I am deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

19. I feel **people bully me** because I am deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

20. I feel **people make fun of me** because I am deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

21. I feel **embarrassed when people stare** at me because I am deaf or hard-of-

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hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

22. I feel **embarrassed to ask** people to repeat themselves because I am deaf or hard of hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

23. Because I am deaf or hard-of-hearing, I feel **left out of family** conversations... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

24. I feel I miss things when talking with **people who are deaf or hard-of-hearing** ... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

25. Because I am deaf or hard-of-hearing, I feel I **miss out on activities and things** I want to do... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

26. I feel I **miss what is important** for me to know because I am deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

27. Because I am deaf or hard-of-hearing, I have to **work harder than other youth** to do the things I want to do... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

28. Because I am deaf or hard-of-hearing, I feel it is **hard to participate** in large

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groups... (please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

29. Because I am deaf or hard-of-hearing, I feel **what I want to do in the future is limited**... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

30. I feel it is **hard for me to understand** what people are saying because I am deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

31. Because I am deaf or hard-of-hearing, I feel I **miss things** when talking with **people who are hearing**... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH

32. I **feel life is harder** for me because I am deaf or hard-of-hearing... *(please circle one number)*

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 VERY MUCH