APPENDIX 5

The Questionnaire

Age :_______________    Sex:_______________
Race :_______________    Occupatio:_______________

Please tick       where relevant

Education Kindergarten

- I have not been to kindergarten
- I have completed one year of kindergarten
- I have completed two years of kindergarten
- I have completed more than two years of kindergarten

Primary

- I attended the national primary school
- I attended the special class in the national primary school
- I attended the special school for the deaf
  ( name of school :_____________________________________
  How old were you when you entered standard one?
  __________

Secondary

- I attended the national secondary school
- I attended the special class in the national secondary school
- I attended the special school for the deaf
  ( name of school :_____________________________________
  How old were you when you entered Form one?
  __________

  How old were you when you completed secondary school?
  __________

College

- Name of college :_____________________________________
- Course taken :_____________________________________


Academic : SPM  
Qualification  Diploma  
Degree  

At what age did you know that you had a hearing problem?

_____________

At what age did your parents know that you had a hearing problem?

_____________

Does any other member of the family have a hearing problem?

Yes  No

How do you communicate with your family members?

•  ___________________________________
•  ___________________________________
•  ___________________________________

How do you communicate with your friends?

•  ___________________________________
•  ___________________________________
•  ___________________________________

How do you communicate at your work place?

•  ___________________________________
•  ___________________________________
•  ___________________________________

How long have you been using your hand phone?

_____________

How soon after you started working did you get your hand phone?

_____________

What features did you consider when you bought your hand phone?

•  Price  
•  Shape  
•  Size  
•  Features(*please state the features)

__________________________________________
__________________________________________
Is your phone a

- Prepaid
- Postpaid

What features of the phone do you use?

__________________________________________________________________________

How much do you spend in a month on your hand phone?

__________________________________________________________________________

How many SMS messages do you send in a day?

__________________________________________________________________________

How many SMS messages do you receive in a day?

__________________________________________________________________________

To whom do you send the SMS messages to?

- Deaf friends
- Hearing friends
- Colleagues
- Family
- Others *(please state)*

__________________________________________________________________________

What language/languages do you use in your SMS messages?

- English
- Bahasa Melayu
- Chinese
- Others *(please state)*

__________________________________________________________________________
Why do you send SMS messages?
- To inform
- To seek information
- To ask/request for something
- To make/change/cancel appointments
- To chat
- To send forward messages
- Others (please state)

______________________________________

Do you understand the short forms used in SMS messages?
- Yes
- No

Please interpret these
- b 4
- ic
- f2f
- CUBL8R
- GR8
- AFAIK
- 2MORO
- W84Mi
- WRU
- CU

Do you use short forms in your SMS messages?
- Yes
- No
Do you think it is appropriate (OK) to use short forms when you SMS?

Yes ☐

No ☐

(Please give your reasons)

__________________________________________________________________________

__________________________________________________________________________

What problems do you face in sending and receiving SMS messages?

__________________________________________________________________________

__________________________________________________________________________

How has the hand phone helped you in your life?

__________________________________________________________________________

__________________________________________________________________________

What improved features would you like to see in a hand phone?

__________________________________________________________________________

__________________________________________________________________________

Thank you for taking the time to answer this questionnaire