Survey of Restaurant Experiences of Deaf Customers

Gender: Female Male

Hearing Status: Deaf Hard of Hearing Hearing

Age: 0-12 13-19 20-35 36-55 56 or older

How often do you eat out? (circle one)
1 X a month 1 X week
2-4 X a week 5+ X a week

What city do you live in?
________________________________________

What restaurant do you go to most frequently?
________________________________________

How do you tend to order food at restaurants? (circle one)
Write gesture point speak sign

Rate how deaf-friendly the restaurants are that you visit.
poor average excellent
1 2 3 4 5

What makes a restaurant deaf friendly?
________________________________________
________________________________________