

Field Trial Surveys



Pre-trial Survey

Name: _____

- Gender:** Male Female
- Age Group:** Under 35 years 35 – 44 years 45 – 64 years 65 – 74 years
 75 – 84 years 85+ years
- Have you ever worn hearing aids?** Yes No

If you have **NEVER** worn hearing aids, please read the following statements and tick the response that best reflects your thoughts from the options provided

- | | | | |
|---|--------------------------------|------------------------------------|---------------------------------|
| "Other people _____ comment that I have the TV or music turned up very loud" | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| "I _____ ask people to repeat themselves because I've not quite caught what they said" | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| "Following conversations on the telephone is _____ difficult, particularly with women and children" | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| "I _____ experience a persistent or prolonged 'ringing in my ears'" | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| "My hearing is increasingly causing me problems, so I decided to do something about it" | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Unsure |
| "I hear people speaking, it is just that I don't always hear exactly what was said" | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Unsure |
| "I used to be more active in group conversations" | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Unsure |
| "I probably don't need to wearing hearing aids, as my hearing is not that bad" | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Unsure |
| "The opportunity to have a free and no obligation trial to the latest hearing aid technology enticed me to contact Acute Hearing" | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Unsure |
| "I don't feel that I am old enough to wear a hearing aid" | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Unsure |
| "If I was to wear hearing aids, I would prefer one that other people did not see" | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Unsure |
| "Hearing aids are expensive" | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Unsure |
| "I know people that have worn hearing aids who have not been happy" | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Unsure |

If **"YES"**, how long ago were your current hearing aids fitted?

- Less than 2 years 2 – 4 years 5 – 6 years 6+ years ago

Please place a number between 1 and 5 in front of the following statements, to indicate the importance of the following features and benefits of a hearing aid would be to you, where **5 = VERY IMPORTANT, 4 = QUITE IMPORTANT, 3 = SOMEWHAT IMPORTANT, 2 = NOT VERY IMPORTANT** and **1 = NOT IMPORTANT AT ALL**.

(HINT: If unsure, simply leave the question blank)

- | | |
|----------------------|---|
| Score (1 – 5): _____ | "I would like my hearing aids to be discreet and practically invisible to others" |
| Score (1 – 5): _____ | "I would like hearing aids to be very easy to use , so I don't need to fiddle with buttons and adjust my hearing aids (i.e. automatic)" |
| Score (1 – 5): _____ | "I would like to be able to follow conversations more easily quiet situations , such as at home listening to a friend, family member or spouse" |
| Score (1 – 5): _____ | "I would like to be able to follow conversations more easily in noisy situations , such as restaurants and social gatherings." |
| Score (1 – 5): _____ | "I would like to listen to music and the TV with better clarity " |
| Score (1 – 5): _____ | "I would like to be able to hear with much better clarity when talking on the mobile phone and landline phone " |
| Score (1 – 5): _____ | "I would like a colour of hearing aid that matches my personality" |
| Score (1 – 5): _____ | Other? |

***** This concludes the portion of the survey to be completed prior to the Field Trial *****

*** Please complete the following section following the completion of a Field Trial ***

What devices were you fitted with during your trial (Audiologist to assist)?

Manufacturer: _____ Model: _____
Monaural/Binaural: Monaural Binaural
Other Extras: Bluetooth Connectivity Remote Control
 Other

Remembering the experience you had with the hearing aids during your trial, please describe how you felt that your hearing improved in the following situations with the assistance of these hearing aids

HINT:

- a) If this your first experience with hearing aids, compare to your hearing without the assistance of hearing aids
b) If you currently wear hearing aids, compare the experience with these trial aids to the benefits received from your existing devices

Following conversations in quieter situations, such as at home with a spouse, family member or friend

- No improvement Some Improvement Significant Improvement "I barely missed a thing"
 "I did not experience that situation, so I can't really comment"

Following conversations in noisy situations, such as a restaurants, cafe', shopping centre, and family dinner

- No improvement Some Improvement Significant Improvement "I barely missed a thing"
 "I did not experience that situation, so I can't really comment"

Following conversations on the telephone

- No improvement Some Improvement Significant Improvement "I barely missed a thing"
 "I did not experience that situation, so I can't really comment"

Listening to music, watching TV, and/or the listening to the radio

- No improvement Some Improvement Significant Improvement "I barely missed a thing"
 "I did not experience that situation, so I can't really comment"

Please add anything else you would like to mention:

In general terms, did you observe the following during your field trial?

(HINT: If you are unsure, or did not have an opportunity to experience the situation described, simply leave the question blank)

- "My family, friends or work colleagues noticed that I was hearing better" Yes No
"Wearing the hearing aids, I noticed how much I had been missing" Yes No
"People rarely noticed that I was wearing hearing aids... they are practically invisible" Yes No
"The hearing aids that I trialled met or exceeded my expectations" Yes No
"My perceptions about hearing aids has been enhanced by taking part in this trial" Yes No
"I found the hearing aids easy to use" Yes No
 Other?

Please add any comments you would like to make (e.g. About the hearing aids, professionalism of Acute Hearing, the trial, and your overall feelings about the program)

Thank you very much for your honest responses!