

Hearing Loop Pilot Survey

Assessor's contact (email or phone):

Your contact details will only be used to allow us to contact you if we have a question about your survey. Your details will not be entered onto a database or used for any other purpose without your permission.

















Your hearing loss history ?	0-4 years	5-9 years	10-14 years	More than 15 years
How long have you had hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long have you used a hearing aid or implant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete up to five venues

Location Venue Name:

Town:

















Date:

Hearing Loop	Strongly agree	Agree	Neutral	Disagree
<i>What do you think of the hearing loop here?</i>				
This hearing loop helps me do what I want				
Hearing loop presence is easy to see				
Staff know about the hearing loop				
I am satisfied with this hearing loop				

Location Venue Name:

Town:

















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