

# Hearing the difference

Thank you for helping us with our research











Name: \_\_\_\_\_

Date of trial: \_\_\_\_\_

Current hearing solutions: \_\_\_\_\_

Trial hearing solution: \_\_\_\_\_

Please compare your hearing solution with the trial devices in as many of the following situations as possible. Please share which hearing solution you prefer in each environment with a brief explanation.

Environment	Preferred hearing solution (please tick)	Short explanation
	Talking one to one in quiet <input type="checkbox"/> Current hearing aids <input type="checkbox"/> Trial hearing aids <input type="checkbox"/> No preference	
	Watching TV <input type="checkbox"/> Current hearing aids <input type="checkbox"/> Trial hearing aids <input type="checkbox"/> No preference	
	In small groups <input type="checkbox"/> Current hearing aids <input type="checkbox"/> Trial hearing aids <input type="checkbox"/> No preference	
	In large groups <input type="checkbox"/> Current hearing aids <input type="checkbox"/> Trial hearing aids <input type="checkbox"/> No preference	
	On the phone <input type="checkbox"/> Current hearing aids <input type="checkbox"/> Trial hearing aids <input type="checkbox"/> No preference	
	In a café, bar or restaurant <input type="checkbox"/> Current hearing aids <input type="checkbox"/> Trial hearing aids <input type="checkbox"/> No preference	
	In the car <input type="checkbox"/> Current hearing aids <input type="checkbox"/> Trial hearing aids <input type="checkbox"/> No preference	
	Whilst shopping <input type="checkbox"/> Current hearing aids <input type="checkbox"/> Trial hearing aids <input type="checkbox"/> No preference	
	At work <input type="checkbox"/> Current hearing aids <input type="checkbox"/> Trial hearing aids <input type="checkbox"/> No preference	
	On video calls <input type="checkbox"/> Current hearing aids <input type="checkbox"/> Trial hearing aids <input type="checkbox"/> No preference	
	Other <input type="checkbox"/> Current hearing aids <input type="checkbox"/> Trial hearing aids <input type="checkbox"/> No preference	