Assistive Listening Experience Feedback Form

Answer all questions while the details are still fresh in your mind. Share a copy of the completed form with the venue and/or event organizer. If you request a response, keep a copy of the completed form for your records.

Venue: _____

Event: _____ **Date:**_____

Type of event:

☐ Performance ☐ Presentation ☐ Concert

☐ Meeting ☐ Movie ☐ Training

☐ Guided Tour ☐ Other: _____

My hearing device(s):

☐ Hearing Aid ☐ Cochlear Implant

☐ Other: _____ ☐ I do not use a hearing device

Hearing device feature(s):

☐ Telecoil ☐ Auracast™-enabled

☐ Neither Telecoil nor Auracast™ ☐ Not applicable

Availability and Communication

Assistive listening was available at the event: ☐ Yes ☐ Not Sure ☐ No

Type used:

☐ Hearing loop ☐ FM

☐ Audio over WiFi ☐ Auracast™

☐ Infrared (IR) ☐ Other: _____

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Before arrival, information about assistive listening in event materials (e.g., via a website, ticketing, confirmation emails) was:
☐ Easy to find ☐ Available, but hard to find or unclear ☐ Not available

At the venue, information about assistive listening (e.g., via signage, staff) was:
☐ Clearly communicated ☐ Somewhat clear ☐ Not communicated

Access and Support

How easy was it to access or obtain the assistive listening system/device?
☐ Very easy ☐ Somewhat easy ☐ Difficult ☐ Could not access

Staff helpfulness:
☐ Very helpful ☐ Somewhat helpful

☐ Not helpful ☐ No staff available

☐ I did not interact with staff

Staff knowledge about the system:
☐ Knowledgeable ☐ Somewhat knowledgeable

☐ Not knowledgeable ☐ Not applicable

Assistive Listening System Performance

Sound quality:
☐ Excellent ☐ Good ☐ Fair ☐ Poor

Reliability (e.g., consider sound consistency, dropouts, interference):
☐ Excellent ☐ Good ☐ Fair ☐ Poor

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Usability:

☐ Very easy to use ☐ Mostly usable

☐ Some usability challenges ☐ Very difficult to use

Physical Comfort:

☐ Excellent ☐ Good

☐ Fair ☐ Poor

☐ Not applicable (I used my hearing devices directly)

Overall Experience

Assistive listening contributed to my ability to enjoy and/or engage with the event:

☐ A great deal ☐ A moderate amount ☐ A small amount ☐ Not at all

Overall rating of my assistive listening experience:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Comments:

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Likelihood to Recommend

Based on your assistive listening experience, how likely are you to recommend this venue to another person with hearing loss?
0 = Not at all likely | 10 = Extremely likely

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Follow-Up Request

☐ I would like a response regarding this feedback

Contact Information *(if requesting a response)*

Name: _____

Email: _____

Note: Under the ADA, places of public accommodation are responsible for providing effective communication, which may include assistive listening systems where appropriate.