



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:

- | | | |
|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Performance | <input type="checkbox"/> Presentation | <input type="checkbox"/> Concert |
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Movie | <input type="checkbox"/> Training |
| <input type="checkbox"/> Guided Tour | <input type="checkbox"/> Other: _____ | |

My hearing device(s):

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Cochlear Implant |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> I do not use a hearing device |

Hearing device feature(s):

- | | |
|---|--|
| <input type="checkbox"/> Telecoil | <input type="checkbox"/> Auracast™-enabled |
| <input type="checkbox"/> Neither Telecoil nor Auracast™ | <input type="checkbox"/> Not applicable |

Availability and Communication

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

Type used:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Hearing loop | <input type="checkbox"/> FM |
| <input type="checkbox"/> Audio over WiFi | <input type="checkbox"/> Auracast™ |
| <input type="checkbox"/> Infrared (IR) | <input type="checkbox"/> Other: _____ |



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Usability:

- | | |
|--|--|
| <input type="checkbox"/> Very easy to use | <input type="checkbox"/> Mostly usable |
| <input type="checkbox"/> Some usability challenges | <input type="checkbox"/> Very difficult to use |

Physical Comfort:

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| <input type="checkbox"/> 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.