



Signia remains committed to continuously delivering iconic innovations based on extensive consumer research. The result – providing products and solutions that address the needs and desires of hearing aid wearers to perform at their best!

Tell us a little more about YOU to help us provide the ideal product and solution to meet your needs.

## All About You

### 1. Select all you are currently using and select which best describes how often you are wearing them.

Hearing aids	<input type="checkbox"/> All day	<input type="checkbox"/> Part of the day	<input type="checkbox"/> A few times a week	<input type="checkbox"/> Hardly at all
Earbuds / headphones	<input type="checkbox"/> All day	<input type="checkbox"/> Part of the day	<input type="checkbox"/> A few times a week	<input type="checkbox"/> Hardly at all
Tinnitus relief technology	<input type="checkbox"/> All day	<input type="checkbox"/> Part of the day	<input type="checkbox"/> A few times a week	<input type="checkbox"/> Hardly at all
CROS devices for single-sided deafness	<input type="checkbox"/> All day	<input type="checkbox"/> Part of the day	<input type="checkbox"/> A few times a week	<input type="checkbox"/> Hardly at all
N/A	<input type="checkbox"/> All day	<input type="checkbox"/> Part of the day	<input type="checkbox"/> A few times a week	<input type="checkbox"/> Hardly at all

### 2. If you have hearing aids today answer the following:

#### 2a. What accessories do you use currently, if any?

- Streaming/Microphone accessories that connect devices (eg: smartphones, remote microphones, TVs, etc.) to the hearing aids
- Remote Control devices
- Smartphone App for remote control, streaming and more
- I have accessories but not sure what they do
- N/A

#### 2b. Select any of the following items that you hope to resolve with a new device:

- It is difficult to have conversations and focus on speech in noisy environments
- It is difficult to hear conversations even in quiet or low noise situations
- My own voice sounds unnatural
- It is hard to gauge the distance and location of certain sounds
- Other – Please explain: \_\_\_\_\_
- N/A

3. If you use earbuds today: what apps, if any, do you use to enhance your hearing? \_\_\_\_\_

4. What phone/smartphone do you have? \_\_\_\_\_

### 5. How often are you experiencing hearing difficulty in the following situations?

Watching TV	<input type="checkbox"/> All the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not at all
Small gatherings (at home with family, dinners)	<input type="checkbox"/> All the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not at all
Quiet conversations (one-on-one talks without background noise)	<input type="checkbox"/> All the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not at all
Large, noisy gatherings (parties, weddings, crowded restaurants, etc.)	<input type="checkbox"/> All the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not at all
Large venues (auditoriums, movie theatres, museums, places of worship)	<input type="checkbox"/> All the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not at all
Outdoors (walking, running, gardening, golfing, etc.)	<input type="checkbox"/> All the time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not at all



**6. Rate importance to hear your best in the below environments, 1 being most important and 5 being least important:**

<input type="checkbox"/>	Large, noisy gatherings (parties, weddings, crowded restaurants, etc.)	<input type="checkbox"/>	Watching TV
<input type="checkbox"/>	Large venues (auditoriums, movie theatres, museums, places of worship)	<input type="checkbox"/>	Small gatherings (at home with family, dinners)
<input type="checkbox"/>	Outdoors (walking, running, gardening, golfing, etc.)		

**7. How often are you affected by ringing the ears (tinnitus)?**

- Constantly    
  Occasionally    
  Not at all

**8. Do you have concerns with mobility or hand stiffness?**      Y      N

**9a. How often do you listen to audio from the following devices** (consider personal and professional use)

Computers or Tablets	<input type="checkbox"/> Several hours daily	<input type="checkbox"/> Several hours weekly	<input type="checkbox"/> Barely at all / N/A
Gaming Systems	<input type="checkbox"/> Several hours daily	<input type="checkbox"/> Several hours weekly	<input type="checkbox"/> Barely at all / N/A
Landline Phones	<input type="checkbox"/> Several hours daily	<input type="checkbox"/> Several hours weekly	<input type="checkbox"/> Barely at all / N/A
Smart Phones	<input type="checkbox"/> Several hours daily	<input type="checkbox"/> Several hours weekly	<input type="checkbox"/> Barely at all / N/A
TV	<input type="checkbox"/> Several hours daily	<input type="checkbox"/> Several hours weekly	<input type="checkbox"/> Barely at all / N/A

**9b. If you could hear the above devices better, which would you want to use more often?** \_\_\_\_\_

**10. Rank these features based on your personal preference – 1 being most important.**

<input type="checkbox"/>	Design – I want to have a solution that is stylish and/or discreet
<input type="checkbox"/>	Rechargeability – I want the convenience of not having to change batteries
<input type="checkbox"/>	Comfort – I want something that I can easily wear all day long without concerns
<input type="checkbox"/>	Sound – I want to hear my best

**Professional Recommendations**

	Select which is best for you:		
Hearing Aid Options	Hearing	Style	Budget

**Notes**

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Refer to consumer brochures and [signiausa.com](http://signiausa.com) for more details.