

# Product Guidance Questionnaire

This form is designed to help us to offer you accurate and comprehensive guidance on which products will work best with a specific brand and model of hearing instruments, and offer the best experience based on need.

If you fill in the short questionnaire below and email a copy to us we will email you by return a tailored package of products ensuring compatibility with whatever equipment is currently in use – sound advice broken down into individual products and costs etc. If you need a letterhead quote please ask.

Please fill in all boxes as completely as possible, all boxes MUST have an entry. If you have no information to supply please mark **N/A**.



## Guidance for this form

**HEARING INSTRUMENT BRAND AND MODEL** – We need the brand and model of hearing aids to be able to advise. If a typical ‘behind the ear’ NHS hearing aid this critical information is usually printed on the spine of the hearing aids, the part that touches the ear when worn. Serial numbers are also often printed on the spine or underneath the battery door.

With privately purchased ‘in the ear’ hearing aids we always need the serial numbers, they tend to be printed on the shell.

**BAHA’s and cochlear implants** you may need to liaise with the implant centre to confirm specific details.

**TELEPHONY USE** – Telephony should ideally be a corded handset or headset with very typical RJ9 / RJ11 type connector on curly cord. USB Headsets (Zoom / Teams etc) are fine too. Anything else (ie cordless handset or headset, different type of connection) we need details to investigate for an alternative solution – please let us know!

**MOBILE PHONE CONNECTIVITY** – Included as standard with Roger Select is mobile phone connectivity. Also in the box you are supplied with a short cable that allows a cabled connection from mobile to Roger transmitter (Roger On or Roger Select). We favour the cabled connection which is a more robust connection, is better audio quality than bluetooth and streams ALL audio including music as well as voice calls.

Your Name <input type="text"/>	Your Email Address <input type="text"/>
Your Phone Number <input type="text"/>	Name of person advice is for if different(Or ref. number / initials?) <input type="text"/>
Postcode (or town / city) <input type="text"/>	Nature of enquiry <input type="checkbox"/> Personal purchase <input type="checkbox"/> Employer funded <input type="checkbox"/> Access to Work <input type="checkbox"/> Outsourcing Company <input type="checkbox"/> DSA Enquiry <input type="checkbox"/> Other (details below)
Hearing instrument type <input type="checkbox"/> NHS ‘Behind ear’ <input type="checkbox"/> BAHA <input type="checkbox"/> Private <input type="checkbox"/> Cochlear implant <input type="checkbox"/> No hearing aid /other <small>If private, BAHA or cochlear implant supply serial numbers</small>	Hearing instrument brand and model <input type="text"/> <small>Detail usually printed casing of hearing aid</small>
Which areas is help needed (tick all that apply) <input type="checkbox"/> Telephone <input type="checkbox"/> General communication <input type="checkbox"/> Hearing in noise <input type="checkbox"/> Lectures/classrooms <input type="checkbox"/> Audio files on a PC <input type="checkbox"/> Meetings under 9 people <input type="checkbox"/> Meetings of 9-15 <input type="checkbox"/> Meetings 15-25 <input type="checkbox"/> Meetings 25+, multiple tables, auditoriums etc	Wearing a hearing instrument in; <input type="checkbox"/> Left ear only <input type="checkbox"/> Right ear only <input type="checkbox"/> Both ears <input type="checkbox"/> None  On site training required? <input type="checkbox"/> Yes please <input type="checkbox"/> No thank you
Telephone use (tick all that apply) <input type="checkbox"/> Corded handset RJ9/11 <input type="checkbox"/> Cordless DECT handset <input type="checkbox"/> Corded headset RJ9/11 <input type="checkbox"/> Cordless headset <input type="checkbox"/> USB headset (Zoom etc) <input type="checkbox"/> Other telephone (details) <input type="checkbox"/> Mobile phone use <input type="checkbox"/> Telephony not required	<b>Additional information;</b> (please use this box to describe in more detail anything that expands on the above)

Please email a copy of this form back to [help@fmhearingsystems.co.uk](mailto:help@fmhearingsystems.co.uk)

If you don’t have a scanner take a picture with your phone but please make sure the image is clear enough to read!