

UoM Hearing Health Research Volunteer Database

Participant Questionnaire

Thank you for agreeing to join our volunteer database.

Access to our database is restricted to designated members of our team and is not linked to your NHS records.

We will only store the information you provide to us below.

If you prefer you can complete this questionnaire on-line at:

<http://www.psych-sci.manchester.ac.uk/audiologyvolunteers/>

Name:
Email:
Address:
Postcode:
Telephone number/s:

How would you prefer to be contacted? Email: Telephone: Post:

Is English your first language from birth? Yes: No:

If No, what is your first language?

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The following information will allow us to identify which studies may be suitable for you.

Date of birth (dd/mm/yyyy):

Sex at birth: Male: Female: Other:

1) Do you have any difficulties with your hearing? Yes: No: Not Sure:

If No or Not Sure please go to question 7.

2) Which ear is your hearing loss in? Left: Right: Both: Not Sure:

3) Approximately how long ago (in years) did your hearing loss start?

0-5 6-10 11-15 16-20 21+

From Childhood From Birth

4) Do you wear a hearing device? Yes: No:

If No please go to question 7.

5) Which side do you wear the device on? Left: Right: Both:

6) What type of device/s do you use?

Hearing Aid: Bone Conduction Hearing Aid: Cochlear Implant:

Not Sure: Other (please specify):

7) Do you have tinnitus? (Tinnitus is a condition when people hear sound in their ear or head when there is no external sound).

Yes: No: Not Sure:

If No or Not Sure please go to question 9.

8) When is your tinnitus present? Always Sometimes

9) Do you suffer from any balance disorders? Yes: No: Not Sure:

Please provide details if possible:

10) What handedness are you? Left: Right: Ambidextrous:

11) Some of our studies may require access to tests or surveys on a computer. Do you have access to a computer and the internet?

Yes: No:

12) Where did you hear about us?

An advert at the University Through the NHS Social Media

I have participated before Word of mouth Other (please specify):

Any further relevant details you would like us to be aware of (e.g. medical details, disabilities, preferred days/times for visits, translators required or other):

Thank you for your time.