




Oticon RemoteCare Evaluation Survey

Client

This survey aims to learn from your experience using Oticon RemoteCare (connecting with your hearing care professional via the RemoteCare App on your phone). This will help us make improvements to our existing solution and prioritize new features in the future.

The survey should only take 5 minutes, and your responses will be completely anonymous.

For questions about the survey, please email remotecare@oticon.com.

1.	Age: ____ years
2.	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
3.	What is your employment status: Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____
4.	How do you currently live: Independently <input type="checkbox"/> Assisted care (e.g. care facility) <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____
5.	For how long have you been using your hearing aids: ____ years / ____ months
6.	What type of hearing aid do you use:  ¹ <input type="checkbox"/>  ² <input type="checkbox"/>  ³ <input type="checkbox"/>
7.	How far away from your hearing care professional do you live: ____ miles / ____ km
8.	How long does it take for you to travel to your hearing care professional: ____ min / ____ hours
9.	What mode of transport do you use to get to your hearing care professional: Public transport <input type="checkbox"/> Own vehicle <input type="checkbox"/> Family/friend <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____

¹ RITE: A device that sits behind the ear and has a wire from the hearing aid to the ear.
Referred to as "Receiver in the Canal"

² BTE: A device that sits behind the ear and has a tube from the hearing aid to the ear.
Referred to as "Behind the Ear"

³ Custom: A device that fits only inside of the ear (no part of the device sits behind the ear)

Please state the extent to which you agree or disagree with the following statements:

10.

	Strongly agree	Agree	Agree somewhat	Neutral	Disagree somewhat	Disagree	Strongly disagree	Don't know
I am satisfied overall with RemoteCare								
The RemoteCare App was easy to use								
I received adequate information on how to use the RemoteCare App (from my hearing care professional and supporting material)								
I have not experienced any technical difficulties (e.g. with connection, camera, audio) while using the RemoteCare App								
The remote appointments with my hearing care professional were very effective								
I am receiving high quality care from my hearing care professional through my RemoteCare App								
It is advantageous not having to travel to my hearing care professional for my appointments								
It saves me time not having to travel to my hearing care professional								
It is a great convenience to have a remote option for appointments with my hearing care professional								
I prefer RemoteCare over in-person appointments for follow-up appointments with my hearing care professional								
RemoteCare has improved the service I received from my hearing care professional								
I would recommend the RemoteCare App to friends and family who could benefit from this								

11.	Do you have any suggestions for improvements of RemoteCare: <hr/> <hr/> <hr/> <hr/>
12.	Do you have any further comments: <hr/> <hr/> <hr/>

Thank you very much for sharing your opinion with us.