

QUESTIONNAIRE : AUDITORY PROTECTION EVALUATION

Company :
Name :
Date :

Sir/Madam, you have reached the end of the evaluation period concerning the COTRAL Auditory Protection. Please reply to all questions* on this questionnaire, in order for us to assess the performance of the protection during the 3-4 weeks trial period, in accordance with the advice of your safety technician.

Tick the appropriate boxes.

*except question N°17 (optional)

Your comments are important. Thank you

A – Type of protection :	<input type="checkbox"/> COTRAL Premium	<input type="checkbox"/> COTRAL Prima 3D	<input type="checkbox"/> COTRAL Ultra Mini	<input type="checkbox"/> COTRAL Micra 3D				
B – Filter Name :	<input type="checkbox"/> XS5	<input type="checkbox"/> XS7	<input type="checkbox"/> XS11	<input type="checkbox"/> XS18	<input type="checkbox"/> XS21	<input type="checkbox"/> XS30	<input type="checkbox"/> XS35	<input type="checkbox"/> XSP
	<input type="checkbox"/> XNP	<input type="checkbox"/> AT17	<input type="checkbox"/> AT13	<input type="checkbox"/> AT27	<input type="checkbox"/> AT33			

CONCERNING YOUR PREVIOUS PROTECTION :

1 – What type of protection have you previously worn?

<input type="checkbox"/> None	<input type="checkbox"/> Arches	<input type="checkbox"/> Disposable Earplugs	<input type="checkbox"/> Ear defenders/muffs	<input type="checkbox"/> Disposable earplugs+ear defenders/muffs
<input type="checkbox"/> Custom-made hearing protection		Other : _____		

2 – On average, for what length of time did you wear them per day?

<input type="checkbox"/> Never	<input type="checkbox"/> Less than 4 hours per day	<input type="checkbox"/> Between 4 and 7 hours per day	<input type="checkbox"/> More than 7 hours per day
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CONCERNING YOUR NEW PROTECTION :

	Strongly Agree	Agree	Disagree	Strongly Disagree
3 – The impression taking process went well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 – You were given sufficient information on how to position the protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 – You have progressively worn your protections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 – The protection is easy to insert.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 – The protection is easy to take out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 – They are comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 – They sufficiently reduce the noise of the machines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 – They allow conversation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 – You have been given sufficient information concerning the maintenance of your protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 – They are easy to clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 – You have adapted well to wearing the protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 – Your concentration at work is as good or has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 – You are better informed regarding the risks from noise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 – Your auditory protection is effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 – Your opinion is important to us, please leave your comments.