



Configuration Questionnaire for Observation Room Listening

Each time a new system is planned there are some basic configuration questions that need to be answered. Please fill out all that you can so that we can better assist you.

Facility Name: _____

Location (address): _____

Special Considerations: _____

- 1) How many Rooms will be observed?
- 2) How many Observation (Operator) locations will there be? (Pick one)
 - a) One local operator per room?
 - b) Centralized Operator locations (Nurse Station)
 - c) Both of the above
- 3) How loud is the noise in the Room to be observed? (Pick one)
 - a) Loud, so you need to shout to be heard
 - b) Medium, but you can easily converse
 - c) Soft, virtually no constant noise
 - d) Very low, so that you can hear a whisper
- 4) Does the Observer / Operator want a wireless headset? Yes
No
- 5) Does the person interacting with the individual under observation require an Ear Bud so that the Operator can prompt interaction? Yes
No

Submitted by:

Name: _____

Company: _____

Address: _____