

### About you

**\* 1. Are you...**

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Prefer not to say

**\* 2. Please let us know your age.**

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75+
- ☐ Prefer not to say

**\* 3. How long have you had tinnitus for?**  
(when did it first begin?)

- ☐ Less than 3 months
- ☐ 4-6 months
- ☐ 6-12 months
- ☐ 1-2 years
- ☐ 2-3 years
- ☐ 3-5 years
- ☐ 5-10 years
- ☐ 10-20 years
- ☐ 20+ years

About your tinnitus

**\* 4. What is the primary cause of your tinnitus?**

(think of the main thing, what set it off when you first noticed it?)

**\* 5. Can you identify a secondary cause for your tinnitus?**

☐ Yes

☐ No

About your tinnitus (continued)

**\* 6. What is the secondary cause of your tinnitus?**

**\* 7. Can you identify a tertiary (third) cause for your tinnitus?**

☐ Yes

☐ No

About your tinnitus (continued)

**\* 8. What is the tertiary cause of your tinnitus?**

Noise and Somatic

**\* 9. Is your tinnitus reactive to noise?**

- ☐ Mixture - some sounds make it better and some make it worse
- ☐ Some sounds make it a lot worse
- ☐ Some sounds make it a little worse
- ☐ Sounds don't really affect me
- ☐ Some sounds make it a little better
- ☐ Some sounds make it a lot better
- ☐ I don't know

**\* 10. Do you have hyperacusis?**

(hyperacusis is a sensitivity to sounds, often you will think sounds are irritating and painfully loud when others hear them as normal)

- ☐ No
- ☐ Mildly
- ☐ Moderately
- ☐ Severely
- ☐ Don't know

**\* 11. Do you have pulsatile tinnitus?**

(tinnitus that is rhythmic, generally in time with the heartbeat - often a whooshing or pulsing)

- ☐ Yes
- ☐ No
- ☐ Unsure

**\* 12. Do you have somatic tinnitus?**

(this means you can change the volume, for example by clenching teeth or moving the jaw or neck)

- ☐ Yes
- ☐ No
- ☐ Don't know

**\* 13. Do you have problems with your jaw or neck?**

**(think about the past week)**

- ☐ Problems with jaw
- ☐ Problems with neck
- ☐ Problems with jaw and neck
- ☐ None

Your hearing

**\* 14. Do you have any hearing loss?**

- ☐ None known of
- ☐ Mild hearing loss  
(may struggle a little to keep up with conversations)
- ☐ Moderate hearing loss  
(generally struggle to keep up with conversations without a hearing aid)
- ☐ Severe hearing loss  
(often rely on lip reading as well as hearing aids to keep up with conversation)

Your hearing (continued)

\* 15. Is your hearing loss in...

- ☐ One ear
- ☐ Both ears

\* 16. What is the main frequency range of your hearing loss?

(phone users - scroll horizontally to see all choices)

	Unsure	Low / mid (up to 1kHz)	Mid (1kHz-3kHz)	Mid / high (4kHz-8kHz)	Very high (8kHz+)	Several dips in hearing
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Treatments

**\* 17. Have you tried any treatments for your tinnitus?**

(think of masking, pharmacological, physical treatments as well as specialist tinnitus treatments)

☐ Yes

☐ No

Treatments (continued)

**\* 18. Which treatments have you tried?**

**(select all that apply)**

- ☐ TRT (Tinnitus Retraining Therapy)
- ☐ In-ear maskers (not as part of TRT program)
- ☐ CBT (Cognitive Behavioural Therapy)
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Neuromonics
- ☐ SoundCure
- ☐ Acoustic Neuromodulation
- ☐ Notched music therapy
- ☐ Hearing aid
- ☐ Self-administered sound therapy (masking, nature sounds)
- ☐ Bio / Neuro feedback, meditation
- ☐ Antidepressants
- ☐ GABA type drugs
- ☐ Retigabine (Trobal / Potiga)
- ☐ Transcranial Stimulation Treatments (rTMS, tDCS, tACS)
- ☐ HBOT (Hyperbaric Oxygen Therapy)
- ☐ Steroids
- ☐ Low-Level Laser Treatment (LLLT)
- ☐ Off-label medication
- ☐ Surgical procedure
- ☐ Acupuncture
- ☐ Chiropractor
- ☐ Supplements / herbal medicines
- ☐ Tinnitus cure eBooks
- ☐ Homeopathic treatment
- ☐ Other (please specify)

## Treatments (continued)

**\* 19. How effective was each treatment for you?**

(phone users - scroll horizontally to see all choices)

	Big improvement	Small improvement	No change	Made me slightly worse	Made me a lot worse
TRT (Tinnitus Retraining Therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-ear maskers (not as part of TRT program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT (Cognitive Behavioural Therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuromonics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SoundCure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acoustic Neuromodulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Notched music therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-administered sound therapy (masking, nature sounds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bio / Neuro feedback, meditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antidepressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GABA type drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retigabine (Trobal / Potiga)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transcranial Stimulation Treatments (rTMS, tDCS, tACS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Big improvement	Small improvement	No change	Made me slightly worse	Made me a lot worse
HBOT (Hyperbaric Oxygen Therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-Level Laser Treatment (LLLT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Off-label medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplements / herbal medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tinnitus cure eBooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeopathic treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 20. How long did you try each treatment for?**  
(phone users - scroll horizontally to see all choices)

	Currently trying this treatment	Less than 1 month	1-2 months	2-4 months	4-6 months	More than 6 months
TRT (Tinnitus Retraining Therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-ear maskers (not as part of TRT program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT (Cognitive Behavioural Therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuromonics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SoundCure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acoustic Neuromodulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Notched music therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Currently trying this treatment	Less than 1 month	1-2 months	2-4 months	4-6 months	More than 6 months
Hearing aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-administered sound therapy (masking, nature sounds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bio / Neuro feedback, meditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antidepressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GABA type drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retigabine (Trobalt / Potiga)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transcranial Stimulation Treatments (rTMS, tDCS, tACS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HBOT (Hyperbaric Oxygen Therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-Level Laser Treatment (LLLT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Off-label medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplements / herbal medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tinnitus cure eBooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeopathic treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 21. When did you last try each treatment?**  
 (phone users - scroll horizontally to see all choices)

	Currently undergoing this treatment	Less than 3 months ago	3-6 months ago	6-12 months ago	More than 1 year ago
TRT (Tinnitus Retraining Therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-ear maskers (not as part of TRT program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT (Cognitive Behavioural Therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuromonics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SoundCure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acoustic Neuromodulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Notched music therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-administered sound therapy (masking, nature sounds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bio / Neuro feedback, meditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antidepressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GABA type drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retigabine (Trobal / Potiga)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transcranial Stimulation Treatments (rTMS, tDCS, tACS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HBOT (Hyperbaric Oxygen Therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-Level Laser Treatment (LLLT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Off-label medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Currently undergoing this treatment	Less than 3 months ago	3-6 months ago	6-12 months ago	More than 1 year ago
Surgical procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplements / herbal medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tinnitus cure eBooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeopathic treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Your health

**\* 22. Did you have any pre-existing health conditions before the onset of tinnitus?**

(select all that apply)

☐ No existing health conditions

☐ Stress

☐ Anxiety

☐ Depression

☐ Panic attacks

☐ OCD type conditions

☐ Jaw or neck problems

☐ Physical disability

☐ Alcohol abuse

☐ Drug abuse

☐ Other (please specify)

## Your health (continued)

## \* 23. Has tinnitus had an effect on these conditions?

(phone users - scroll horizontally to see all choices)

	Made a lot worse	Made a little worse	No difference	Made a little better	Made a lot better
No existing health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OCD type conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jaw or neck problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your health (continued)

**\* 24. Has tinnitus caused you any health-related conditions?**

(select all that apply)

- ☐ No health conditions caused
- ☐ Stress
- ☐ Anxiety
- ☐ Panic attacks
- ☐ Depression
- ☐ OCD type condition
- ☐ Insomnia
- ☐ Concentration / focus problems
- ☐ Alcohol abuse
- ☐ Drug abuse
- ☐ Other (please specify)

Your health (continued)

**\* 25. Do any of the following dietary items have an effect on your tinnitus?**

(select all that apply)

☐ Dietary items do not have an effect

☐ Caffeine

☐ Sugar

☐ Salt

☐ Spices / spicy food

☐ MSG (Monosodium glutamate)

☐ Fatty (junk / takeaway) foods

☐ Alcohol

☐ Citrus

☐ Chocolate

☐ Red meat

☐ Other (please specify)

## Your health (continued)

**\* 26. What effect do they have?**

(phone users scroll along to see all choices)

	Make it a lot worse	Make it a little worse	Make it a little better	Make it a lot better
Dietary items do not have an effect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spices / spicy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MSG (Monosodium glutamate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatty (junk / takeaway) foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citrus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About your tinnitus  
- Last page YEAH!

**\* 27. Did you know what tinnitus was before you got it?**

- ☐ Yes
- ☐ Had heard of it but didn't really understand
- ☐ No

**\* 28. Where do you perceive your tinnitus?**

- ☐ One ear
- ☐ Both ears
- ☐ More in the brain
- ☐ In the ear/s and the brain
- ☐ Not sure

**29. How does your tinnitus behave during the day?**

- ☐ It's better in the morning
- ☐ It's better in the evening
- ☐ It fluctuates but there is no pattern
- ☐ It doesn't change at all

**\* 30. How often have you heard your tinnitus in the last week?**

(phone users - scroll horizontally to see all choices)

Not heard it	1	2	3	4	5	6	7	8	9	Heard it constantly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 31. How often has your tinnitus bothered you over the last week?**

(phone users - scroll horizontally to see all choices)

Not bothered me at all	1	2	3	4	5	6	7	8	9	Bothered me constantly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 32. How often has your tinnitus increased feelings of frustration over the last week?**

(phone users - scroll horizontally to see all choices)

No frustration	1	2	3	4	5	6	7	8	9	Constant frustration
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**33. Please enter your email if you would like to take part in future surveys and make your voice heard amongst the research community**

Your details will be kept safe and you can opt out at any time - no spam and we'll ask first before including you on any surveys

Email Address