

# Ménière's Society Press & Media Contact Consent Form

Thank you for expressing an interest in helping the Ménière's Society increase awareness through the use of press & media. If you are happy to be contacted about potential awareness opportunities, please complete this form and return to the Ménière's Society. If you don't want to answer any particular question, please just leave blank. You can withdraw your consent at any time by contacting a member of staff (see below).



## ABOUT YOU

### SECTION ONE

1. Full name including title: \_\_\_\_\_
2. Are you a member of the Ménière's Society? Yes  No
3. If yes, please tell us your membership number or write 'unknown': \_\_\_\_\_
4. Address: \_\_\_\_\_
5. Postcode: \_\_\_\_\_
6. Daytime telephone number: \_\_\_\_\_
7. Email address: \_\_\_\_\_
8. Sex: Male  Female
9. Age: \_\_\_\_\_
10. Do you have a dependable child or children? Yes  No

## ABOUT YOUR CONDITION

### SECTION TWO

11. What vestibular disorder have you been diagnosed with: \_\_\_\_\_
12. To the nearest year, how long have you experienced symptoms: \_\_\_\_\_
13. To the nearest year, how long you have been formally diagnosed: \_\_\_\_\_

## YOUR SYMPTOMS

### SECTION THREE

**On a scale of one to ten, how do each of the following symptoms effect you:**

**1 = not at all | 5 = half the time | 10 = constantly (please circle)**

- |   |                      |
|---|----------------------|
| 14. Vertigo (feeling of spinning/feeling or being sick etc.): | 1 2 3 4 5 6 7 8 9 10 |
| 15. Imbalance:  | 1 2 3 4 5 6 7 8 9 10 |
| 16. Hearing Loss:   | 1 2 3 4 5 6 7 8 9 10 |
| 17. Tinnitus:   | 1 2 3 4 5 6 7 8 9 10 |
| 18. Aural fullness:   | 1 2 3 4 5 6 7 8 9 10 |

19. Stress/anxiety/depression:	1 2 3 4 5 6 7 8 9 10
20. Headaches or migraine:	1 2 3 4 5 6 7 8 9 10
21. Fatigue/tiredness:	1 2 3 4 5 6 7 8 9 10
22. 'Brain Fog' (forgetfulness, confusion etc):	1 2 3 4 5 6 7 8 9 10
23. Other (please provide details):	

## FRUSTRATIONS

### SECTION FOUR

**On a scale of zero to ten, which of the following can frustrate you:**

**0 = not applicable | 1 = not at all | 5 = half the time | 10 = constantly (please circle)**

24. Lack of general awareness for vestibular disorders:	0 1 2 3 4 5 6 7 8 9 10
25. Lack of understanding and/or support from employer:	0 1 2 3 4 5 6 7 8 9 10
26. Lack of understanding and/or support from friends:	0 1 2 3 4 5 6 7 8 9 10
27. Lack of understanding and/or support from family members:	0 1 2 3 4 5 6 7 8 9 10
28. Lack of understanding and/or support from G.P:	0 1 2 3 4 5 6 7 8 9 10
29. Lack of understanding and/or support from consultant/specialist:	0 1 2 3 4 5 6 7 8 9 10
30. Lack of research for your condition	0 1 2 3 4 5 6 7 8 9 10
31. Lack of information/guidance for your condition	0 1 2 3 4 5 6 7 8 9 10
32. Lack of medication/treatments for your condition	0 1 2 3 4 5 6 7 8 9 10
33. Other (please provide details):	

## HOW WOULD YOU LIKE TO HELP

### SECTION FIVE

**Tick box to tell us what you are happy to help with:**

34. Provide a written quote/statement (e.g. for a press release):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maybe <input type="checkbox"/>
35. Provide a photograph (e.g. to go with a press release):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maybe <input type="checkbox"/>
36. Be interviewed on the radio:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maybe <input type="checkbox"/>
37. Be interviewed on local or national television:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maybe <input type="checkbox"/>
38. Be featured in Spin (the Society's quarterly magazine):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maybe <input type="checkbox"/>
39. Be featured or quoted on social media (Facebook etc.):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maybe <input type="checkbox"/>
40. Take part in/organise a fundraising/awareness event:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maybe <input type="checkbox"/>

## HOW WOULD YOU LIKE TO BE CONTACTED

### SECTION SIX

**Tick how you would like to be contacted about potential awareness opportunities:**

- |   |                          |
|---|--------------------------|
| 41. Telephoned by Ménière's Society                       | <input type="checkbox"/> |
| 42. Emailed by Ménière's Society                          | <input type="checkbox"/> |
| 43. Telephoned by a journalist about a specific news item | <input type="checkbox"/> |
| 44. Emailed by a journalist about a specific news item    | <input type="checkbox"/> |

### Thank you!

Thank you so much for completing this form to help Ménière's Society raise awareness through press and media opportunities. If you would like to provide any further information, please use a separate sheet (for example, are you able to work with your condition? What do you find most upsetting about your condition?)

### How to submit your form:

#### By email:

Please scan and email your completed form to: [louise@menieres.org.uk](mailto:louise@menieres.org.uk)

#### By post:

Please post your completed form to:

Ménière's Society, The Rookery, Surrey Hills Business Park, Wotton, Surrey, RH5 6QT

### Data Protection:

We take data protection seriously. By completing this form you are only giving permission to be contacted about potential awareness opportunities. We will not use any of your information without prior consent. You can withdraw your consent to be contacted, or amend your permissions, at any time – simply contact a member of Ménière's Society staff.

We will never share your information with any third party organisations unless you have provided explicit consent by answering 'yes' to question 43 and/or 44. In these instances we will only pass on your selected method of contact, for the purpose of specific awareness opportunities. However, the Society will still aim to give you prior warning, where possible.

Every so often we'd like to send you information we think may interest you. If you do NOT want to receive communications from the Society (other than for the purpose of this form), please tick this box:

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you once again – we really appreciate your help