

Patient Satisfaction Survey

*Thank you for taking the time to fill out this questionnaire!
The results will help us monitor and improve the quality of our services.*

1. How satisfied are you with your hearing aids?
 Very satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied

2. How many hours a day do you use your hearing aids?
hours _____

3. Would you recommend us to a friend with a hearing problem?
 Yes No Not sure

4. Would you recommend us to a friend with a hearing loss?
 Yes No Not sure

5. To what extent have hearing aid(s) improved the quality of your life?
 Great improvement Good improvement No improvement

6. How did you learn of our practice? (Please check all that apply.)
 Friend or relative Physician
 Newspaper ad Yellow pages
 Reputation other (specify)

7. Do you have a hearing loss in one or two ears?
 one ear two ears

8. Do you wear a hearing aid in one or two ears?
 One ear two ears

CONTINUE ON BACK SIDE

9. Listed below are some features about the services we provide. Please place a check mark to show how satisfied you are with each factor.

Service factor	Very Satisfied	Satisfied	Neutral	Not satisfied
Professionalism of audiologist	_____	_____	_____	_____
Patience of audiologist	_____	_____	_____	_____
Explanation of test results	_____	_____	_____	_____
Explanation of how to use aids	_____	_____	_____	_____
Appearance of office	_____	_____	_____	_____
Service after purchase	_____	_____	_____	_____
Waiting time in office	_____	_____	_____	_____
Parking	_____	_____	_____	_____
Friendliness of receptionist	_____	_____	_____	_____

10. Listed below are questions about your hearing aid(s)

<i>Hearing aid feature</i>	<i>Very satisfied</i>	<i>Satisfied</i>	<i>Neutral</i>	<i>Not satisfied</i>
Overall fit/comfort	_____	_____	_____	_____
Cosmetic appearance	_____	_____	_____	_____
Quality of sound	_____	_____	_____	_____
Ease of use	_____	_____	_____	_____
Improved hearing in quiet	_____	_____	_____	_____
Improved hearing in noise	_____	_____	_____	_____

Any comments or questions you would like to make?

Name: _____ Date _____

Thank you very much for your help!

ACI HEARING & BALANCE CENTER