

Hearing Aid Satisfaction Survey

1. Overall, how satisfied are you with your hearing aid(s)?
 - Very Satisfied
 - Satisfied
 - Slightly satisfied
 - Neutral (Neither satisfied or dissatisfied)
 - Slightly dissatisfied
 - Dissatisfied
 - Very Dissatisfied

2. Approximately how many hours a day do you wear your hearing aid(s)? (Note: if you never wear it, write 0; if you wear less than one hour a day, write ½ hour, etc.) Hours: _____

3. Would you recommend a hearing aid to a friend or family member with a hearing problem?
 - Yes
 - No
 - Not Sure

4. Would you recommend the person/office who fit your most current hearing aid(s) to a friend or relative with a hearing problem?
 - Yes
 - No
 - Not Sure

5. Overall, how often do your hearing aids improve your quality of life?
 - Always
 - Most of the time
 - Sometimes
 - Never

6. How often do you find yourself embarrassed, ridiculed, or rejected because you wear hearing aids?
 - Always
 - Most of the time
 - Sometimes
 - Never

7. When it is time to replace your hearing aid(s), would you repurchase your current brand of hearing aid?
 - Yes
 - No
 - Not Sure

8. Were you satisfied with the service you received for your hearing aid (Meaning it now works to your satisfaction)?
 - Yes
 - No

9. Listed below are some hearing aid features. For each feature, please put an "X" in one box to show how satisfied you are with that feature. Neutral can mean neither satisfied nor dissatisfied.

| Hearing Aid Feature | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Overall fit /comfort..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visibility to others..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ease of changing battery..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Battery life..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Clearness of tone and sounds..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Whistling/feedback/buzzing.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ease of adjusting volume..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Improves your hearing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use in noisy situations..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On-going expense (hearing aid)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Value (performance vs. cost)... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Natural sounding..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to tell locations of sounds.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequency of cleaning required..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warranty on the hearing aid(s)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Packaging of the hearing aid(s)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The sound of your voice..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to hear soft sounds..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comfort with loud sounds..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Listed below are some listening situations in which your current hearing aid(s) may or may not work very well. Please put an "X" in one box to show how satisfied you are with your current hearing aid in each situation.

| Listening Situation | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Conversation with one person..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In small groups..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outdoors..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In large groups..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At a concert/movie..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In a place of worship..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Watching TV..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In a restaurant..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Riding in a car..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On the telephone..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On a cell phone..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listening to music..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work place..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leisure activities..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Listed below are some features about the service from the person who fit your hearing aid(s). Please put an "X" in one box to indicate your level of satisfaction for each factor.

| Service Factor | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Professionalism of dispenser... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dispenser's knowledge of hearing aids..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation on use and care of your hearing aids..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation of what to expect from your hearing aids..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of service during hearing aid fitting period.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of service after purchase... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. What factors influenced your recent purchase of hearing aids? (Check all that apply)

- Range of product
- Reputation of _____
- Money back guarantee
- Price
- Recommendation of friend
- Recommendation of physician
- Advertising

Thank you.