

**CENTRAL ILLINOIS HEARING
CUSTOMER SATISFACTION SURVEY**

It has been approximately 3-5 months since you were fit with your new hearing instrument. We sincerely hope the aid is assisting in improving your quality of life. In order to help you and others achieve maximum satisfaction, please take a few moments to let us know if we have helped you meet your hearing goals. Please return this form in the enclosed postage paid envelope. Thank you!

Name _____ E-mail _____ Phone _____

Please rate the improvements your hearing technology has made to your listening lifestyle.

	Improved	Same	Worse
Understand speech in quiet environments	I	S	W
Understanding speech in noisy environments	I	S	W
Participating in small group meetings or conversations	I	S	W
Understanding telephone conversations	I	S	W
Listening to the television, radio, or recorded media at home	I	S	W
Listening to movies or live performances	I	S	W
Recognizing specific background sounds (birds,water,etc.)	I	S	W
Participating in my favorite activities	I	S	W
Communicating with others	I	S	W

Please answer about the following technology experiences.

Please circle your answer

My hearing device is comfortable to wear.	True	\	False
I like the way my hearing device sounds.	True	\	False
I like the size and appearance of my hearing device.	True	\	False
My hearing device is easy to use.	True	\	False
My hearing device is easy to care for and maintain.	True	\	False
The benefits of hearing care have met or exceeded my expectations	True	\	False

See other side
Satisfaction Survey Continued:

Please rate your experience in our office.

Always Sometimes Never

Was your call answered immediately? If not, was your call returned within 24hrs.

A	S	N
---	---	---

It was easy to schedule appointments at convenient times.

A	S	N
---	---	---

The office location was easy to find.

A	S	N
---	---	---

The office was easily accessible and had adequate parking.

A	S	N
---	---	---

The office was clean, comfortable, and inviting.

A	S	N
---	---	---

The office staff was friendly and helpful during my visit.

A	S	N
---	---	---

My test results were clearly explained by my hearing care professional.

A	S	N
---	---	---

My hearing care professional took the time to really understand my needs.

A	S	N
---	---	---

My hearing care professional clearly explained all of my options.

A	S	N
---	---	---

My hearing care professional matched my lifestyle to the proper technology.

A	S	N
---	---	---

I received excellent training on how to use and care for my hearing technology.

A	S	N
---	---	---

The practice delivered a high level of ongoing service and support.

A	S	N
---	---	---

I am very satisfied with the quality of the initial care provided by the practice.

A	S	N
---	---	---

I would recommend this practice to friends and family who might benefit.

A	S	N
---	---	---

A	S	N
---	---	---

Are there any questions or concerns you have about your hearing care experience with us?
