The Hearing Center

ADVANCED AUDIOLOGY CONCEPTS

Dr. Jane M. Kukula

Patient Name_____

Date_____

Please rate your level of satisfaction with the following. If your hearing aid(s) are not working, please rate your level of satisfaction prior to the malfunction. Please circle the grade.

A – Very Good B – Good C – Average D – Below Average E – Poor

Overall sound quality	Left: A B C D E	Right: A B C D E
Sound Clarity	Left: A B C D E	Right: A B C D E
The Sound of your Voice	Left: A B C D E	Right: A B C D E
Comfort of your Hearing Aids:	Left: A B C D E	Right: A B C D E
Telephone Use:	Left: A B C D E	Right: A B C D E
Performance in background noise:	Left: A B C D E	Right: A B C D E

What would you like your hearing aids to do better?

Comments: