

AUDIOLOGY CLIENT SURVEY

*Personal information is optional.

*Please comment for the *person receiving services* (i.e. self, child, parent)

Date: _____

Name: _____

E-mail Address _____

() Do not add me to the Center's quarterly e-newsletter list.

1. I received: [] Hearing Testing [] Hearing Aid Services

2. I rate my experience with the Center based on . . .

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
A. Appointment started promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Center facilities were acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Professionalism of the receptionist was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Professionalism of the clinician was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Fees for service were affordable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I experienced quality service while being tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Results were explained in a way I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. I would recommend the Center to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PLEASE ANSWER THE FOLLOWING QUESTIONS IF YOU WERE FIT WITH A HEARING AID:</u>						
I. My hearing aid was ready when promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. The benefit I receive from the hearing aid meets my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. I do not have to ask people to repeat as much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Why did you choose the Center? _____

4. I was referred by _____

5. The best part about the services I received was... _____

6. How can we change our services to benefit you more? _____

7. Age: _____ years 8. Gender: _____ Female _____ Male

Thanks for your feedback!

We do not release your address or personal data to anyone.