



Date: \_\_\_\_\_

## Hearing Quality Survey

Name : \_\_\_\_\_

*(Please Circle One)*

1. Do you have difficulty hearing and understanding? Yes No

How long? \_\_\_\_\_

Which ear(s)? Right Left

2. Have you ever worn hearing aids? Yes No

A. Which ear(s)? Right Left  
For how long? \_\_\_\_\_

B. Do you presently wear them? Yes No  
If no, why not? \_\_\_\_\_

\_\_\_\_\_

C. Rate your satisfaction with your current hearing aids.

Excellent Good Fair Poor

Describe: \_\_\_\_\_

\_\_\_\_\_

3. In what three situations is it important for your to hear and understand better?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

7574 N. La Cholla Blvd  
Tucson, AZ 85741  
(520) 742-2845

6969 E. Sunrise Dr.  
Tucson, AZ 85750  
(520) 742-2845

512 E. Whitehouse Canyon Rd, Ste 196  
Green Valley, AZ 85614  
(520) 648-3277