

PATIENT QUESTIONARE

What brought you to our office today? _____

What is your experience with hearing aids? *(check all that apply)*

- I have never visited with an Audiologist to inquire about Hearing Aids.
- I have visited with an Audiologist to gather information regarding my hearing difficulties, but I have not tried or purchased.
- I have tried hearing aids but returned the instruments.
- I have hearing aids but only wear it occasionally or not at all.
- I have a hearing aid and wear it regularly on the left ear, right ear.

Please rank the following in terms of their importance in a hearing aid. *(1 through 4, with 1 being the most important):*

- Overall Sound Quality Reliability Style/Appearance Cost

On a scale of 1-10, how motivated are you regarding doing something about your hearing loss?
(Please circle one)

1	2	3	4	5	6	7	8	9	10
Not		Somewhat				Very		Extremely	
Motivated		Motivated		Motivated		Motivated		Motivated	