

Hearing Aid Fitting Satisfaction Survey

Dear [Patient's Name],

Thank you for choosing [Clinic Name] for your hearing aid fitting. We value your feedback and would appreciate if you could take a moment to complete this satisfaction survey.

How satisfied are you with the fit of your hearing aid?

Very Satisfied
Satisfied
Neutral
Dissatisfied
Very Dissatisfied

How comfortable is the hearing aid for you?

Very Comfortable
Comfortable
Neutral
Uncomfortable
Very Uncomfortable

Overall, how would you rate your hearing aid experience?

Excellent
Good
Average
Poor
Very Poor

Additional Comments:

Thank you for your time and feedback!

Sincerely,

[Your Name]
[Your Title]
[Clinic Name]
[Contact Information]