



1. I have had a diagnostic hearing test: \_\_\_\_\_ YES \_\_\_\_\_ NO
  
2. If YES, when was your last hearing test? \_\_\_\_\_  
Where was it completed? \_\_\_\_\_
  
3. What is your hearing device experience?
  - I have a hearing device and use it regularly on the: \_\_\_\_\_ right ear \_\_\_\_\_ left ear
  - I have a hearing device, but don't use it or only use it occasionally
  - I have tried a hearing device, but returned it
  - I have inquired about hearing devices at another office, but did not purchase at that time
  - I have never used a hearing device
  
4. For current hearing device users:
  - Type/style of hearing device: \_\_\_\_\_ Behind-The-Ear \_\_\_\_\_ In-The-Ear
  - Brand: \_\_\_\_\_
  - Date Purchased: \_\_\_\_\_
  - Place Purchased: \_\_\_\_\_
  - Is the Device under warranty? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE
  - If YES, warranty expiration: \_\_\_\_\_
  
5. What motivated you to come in today?  
\_\_\_\_\_  
\_\_\_\_\_
  
6. How did you hear about South Lake Hearing and Tinnitus Center?
  - Google
  - Facebook
  - Doctor
  - Radio/Print Ad
  - Friend/Family
  - Other: \_\_\_\_\_