



\_\_\_\_\_ Use of ototoxic drugs (i.e. streptomycin, erythromycin, etc)

\_\_\_\_\_ Other (Please indicate) \_\_\_\_\_

### MEDICAL/SURGICAL TREATMENT

1. Have you ever received any medical and/or surgical treatment for your hearing loss?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please indicate the type of treatment you have received for each ear, as well as indicate how successful the treatment was at restoring your hearing.

#### TREATMENT

Right ear: \_\_\_\_\_

\_\_\_\_\_

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

Left ear: \_\_\_\_\_

\_\_\_\_\_

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

#### LEVEL OF SUCCESS

\_\_\_\_\_ Much Improved  
 \_\_\_\_\_ Some Improvement  
 \_\_\_\_\_ No Improvement  
 \_\_\_\_\_ Slightly Worse  
 \_\_\_\_\_ Much Worse

\_\_\_\_\_ Much Improved  
 \_\_\_\_\_ Some Improvement  
 \_\_\_\_\_ No Improvement  
 \_\_\_\_\_ Slightly Worse  
 \_\_\_\_\_ Much Worse

### HEARING AID USE

1. Do you currently or have you ever worn a hearing aid on your RIGHT ear?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Do you currently or have you ever worn a hearing aid on your LEFT ear?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. How long did you wear the aid on your RIGHT ear?

\_\_\_\_\_

4. How long did you wear the aid on your LEFT ear?

\_\_\_\_\_

5. In what situations do you find it most helpful to wear your hearing aid?

\_\_\_\_\_  
 \_\_\_\_\_

6. In what situations do you find it least helpful to wear your hearing aid?

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### SPEECHREADING/LIPREADING

1. Have you ever had lip-reading lessons? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please rate how satisfied you were with the results:  
 \_\_\_\_\_ Much improved communication skills following training.  
 \_\_\_\_\_ Some improvement in communication skills following training.  
 \_\_\_\_\_ No change in communication skills following training.  
 \_\_\_\_\_ Slightly poorer communication skills following training.  
 \_\_\_\_\_ Much poorer communication skills following training.
2. How would you rate your CURRENT lip-reading ability?  
 \_\_\_\_\_ Excellent (understand most people most of the time)  
 \_\_\_\_\_ Very Good (understand some of the people most of the time)  
 \_\_\_\_\_ Good (understand family and friends, difficulty understanding strangers)  
 \_\_\_\_\_ Fair (difficulty understanding family and friends)  
 \_\_\_\_\_ Poor (generally unable to understand most people, even family and friends)
3. Have you ever had speech therapy? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you ever had training in sign language? Yes \_\_\_\_\_ No \_\_\_\_\_
5. If yes, did you use sign language regularly with family and friends before receiving your implant? Yes \_\_\_\_\_ No \_\_\_\_\_
6. When family and friends are speaking to you, which of the following indicates how they currently speak to you most often?  
 \_\_\_\_\_ Sign language only  
 \_\_\_\_\_ Voice only  
 \_\_\_\_\_ Sign language and voice combined  
 \_\_\_\_\_ Written communication  
 \_\_\_\_\_ Gestures  
 \_\_\_\_\_ Other (Please indicate) \_\_\_\_\_
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## 7. How did you first learn about cochlear implants?

- Newspaper, radio and/or TV  
 Family physician  
 Otologist (ear doctor)  
 Audiologist  
 Family member  
 Friend  
 Other (please indicate) \_\_\_\_\_

## PLEASE RATE HOW IMPORTANT YOU FEEL THE FOLLOWING TOPICS ARE:

INFORMATION CONCERNING:	LEVEL OF IMPORTANCE		
	<u>NOT</u> <u>IMPORTANT</u>		<u>VERY</u> <u>IMPORTANT</u>
a) What a cochlear implant is and how it works.	1	2	3
b) The benefits of receiving a cochlear implant.	1	2	3
c) The limitations of a cochlear implant.	1	2	3
d) The possible risks involved with cochlear implant surgery.	1	2	3
e) Procedures involved in receiving a cochlear implant.	1	2	3
f) Expenses associated with receiving a cochlear implant.	1	2	3
g) Expenses associated with the necessary follow-up training and treatment.	1	2	3

## 1. Are family members supportive of your decision to have a cochlear implant?

Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Why or Why Not? \_\_\_\_\_

2. What concerns do you have about the following as they relate to a cochlear implant?

- a) Surgery \_\_\_\_\_
- b) Speech processing \_\_\_\_\_
- c) Professional care (Otologist) \_\_\_\_\_
- d) Follow-up training \_\_\_\_\_

**PLEASE RATE HOW HELPFUL YOU FEEL YOUR HEARING AID IS IN THE FOLLOWING SITUATIONS:**

	<u>NEVER HELPFUL</u>		<u>SOMETIMES HELPFUL</u>		<u>VERY HELPFUL</u>
	1	2	3	4	5
1. In a car:	1	2	3	4	5
2. Outside:	1	2	3	4	5
3. In a crowded room:	1	2	3	4	5
4. On the telephone:	1	2	3	4	5
5. When talking to a small group friends:	1	2	3	4	5
6. When listening to a lecturer or speaker:	1	2	3	4	5
7. While watching T.V.	1	2	3	4	5

**UNDERSTANDING SPEECH WITH AND WITHOUT LIP-READING**

1. Do you feel that your lip-reading improves when you wear your hearing aid?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

2. How would you rate your lip-reading ability while you are wearing your hearing aid?

- \_\_\_\_\_ a) Excellent (Understand most people most of the time)
- \_\_\_\_\_ b) Very good (Understand most people most of the time)
- \_\_\_\_\_ c) Good (Understand family and friends)
- \_\_\_\_\_ d) Fair (Difficulty understanding family and friends)
- \_\_\_\_\_ e) Poor (Generally unable to understand family and friends)

3. What percent of the time are you able to tell the difference between the following without using lip-reading (using just your hearing aid)?

	0-25%	26-50%	51-75%	76-100%
a) A question and a statement	_____	_____	_____	_____
b) A man's and a woman's voice	_____	_____	_____	_____
c) Someone talking and noise	_____	_____	_____	_____
d) A familiar speaker's voice and a stranger's voice	_____	_____	_____	_____
e) A child's and a woman's voice	_____	_____	_____	_____

4. What percent of the time are you able to recognize the following? (Leave blank if you have not heard that particular sound)

	0-25%	26-50%	51-75%	76-100%
a) Telephone ringing	_____	_____	_____	_____
b) Doorbell	_____	_____	_____	_____
c) Someone knocking at the door	_____	_____	_____	_____
d) Car horn	_____	_____	_____	_____
e) Car engine	_____	_____	_____	_____
f) Birds singing	_____	_____	_____	_____
g) Dog barking	_____	_____	_____	_____
h) Baby crying	_____	_____	_____	_____
i) Someone talking	_____	_____	_____	_____
j) Water running	_____	_____	_____	_____
k) Tea kettle whistling	_____	_____	_____	_____
l) Footsteps	_____	_____	_____	_____
m) Laughter	_____	_____	_____	_____
n) Warning signals, police sirens, etc.	_____	_____	_____	_____
o) Smoke alarm	_____	_____	_____	_____
p) Alarm clock	_____	_____	_____	_____
q) Familiar voices	_____	_____	_____	_____

0-25% 26-50% 51-75% 76-100%

- r) Washing machine, vacuum \_\_\_\_\_
- s) Other household appliances \_\_\_\_\_
- t) Other \_\_\_\_\_

### UNDERSTANDING SPEECH WHILE USING THE TELEPHONE, WATCHING TV AND WHILE LISTENING TO THE RADIO

1. Do you use your hearing aid to speak on the phone? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, do you use a code? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are you able to recognize any words over the phone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give examples of words you are able to recognize: \_\_\_\_\_

4. Approximately how much of what a person says over the phone are you able to understand?

\_\_\_\_\_ a) Less than 25%

\_\_\_\_\_ b) 26-50%

\_\_\_\_\_ c) 51-75%

\_\_\_\_\_ d) 76-100%

5. Are you able to recognize some speakers' voices over the phone?

Yes \_\_\_\_\_ No \_\_\_\_\_ Occasionally \_\_\_\_\_

If yes, please give some examples \_\_\_\_\_

6. Which of the following sounds can you identify over the phone?

\_\_\_\_\_ a) Dial tone

\_\_\_\_\_ b) Busy signal

\_\_\_\_\_ c) Phone ringing on other end

\_\_\_\_\_ d) Someone answering on the other end

7. How often do you use the phone?

\_\_\_\_\_ a) Less than 1 time a week

\_\_\_\_\_ b) 2-10 times per week

\_\_\_\_\_ c) More than 10 times per week

### TV AND RADIO

1. Do you use your hearing aid to listen to the radio? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, how often can you tell the difference between music playing and someone talking?

- a) 0-25%
- b) 26-50%
- c) 51-75%
- d) 76-100%

3. Which of the following do you most often use the radio for?

- a) To listen to music
- b) To listen to the news
- c) Both

4. Are you able to recognize any particular melodies? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

5. Do you use your hearing aid while watching TV? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

6. How would you rate your overall SATISFACTION with your hearing aid?

LOW HIGH  
1 2 3 4 5