

_____ 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?

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. 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