

SELF-REPORTING COCHLEAR IMPLANT HEARING ASSESSMENT

EVERYDAY LISTENING QUESTIONNAIRE (ELQ) :: HEARING WITH A COCHLEAR IMPLANT SYSTEM ::

The questions on the next few pages are very general and are meant to help you assess your cochlear implant hearing. And once you have assessed your implant hearing hopefully you can better communicate your hearing needs to your implant audiologist.

To help maximize your appointment time with your implant audiologist please use this questionnaire *before* your next programming (mapping) appointment.

In the past implant audiologists have used ELQ's similar to this, but asking these questions during the appointment took too long. So if you have already assessed your implant hearing *before* your appointment hopefully you can help your audiologist make adjustments (maps) more expediently. In the process you may be a better cochlear implant patient.

Each implantee hears differently. Some implantees hear speech and music very well and some do not, and some implantees use telephones without effort while others do not. And there are varying degrees of each that come over time with practice and patience.

We all want to hear the best we can!



From speaking with many cochlear implantees Tom Hannon created this questionnaire after hearing many stories about what happened or did not happen during their appointments. Some of those stories were remarkable and some were disappointing.

Tom was implanted in 2007 and between his audiologist appointments he kept detailed notes of what he heard and did not hear, and those notes helped him remember what he needed to talk about with his audiologist. The day before his programming appointments he would summarize his notes and assess his implant hearing by asking himself questions similar to this questionnaire.

Inevitably Tom felt he missed some things; we hope you won't miss any!

SELF-REPORTING COCHLEAR IMPLANT HEARING ASSESSMENT :: EVERYDAY LISTENING QUESTIONNAIRE - ELQ ::

QUESTION SET 1 :: QUALITY OF VOICES ::

CHECK THE BOX THAT MOST APPLIES

	NATURAL	SOMEWHAT NATURAL	UNNATURAL
1. My own voice sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The voice of a woman I know sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The voice of a man I know sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The voice of a child I know sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The voice of a woman I don't know sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The voice of a man I don't know sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The voice of a child I don't know sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION SET 2 :: SOUND SITUATIONS ::

CHECK THE BOX THAT MOST APPLIES

	CLEARLY	SOMEWHAT CLEAR	UNCLEAR
1. At home I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At work I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In a small group of people I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In a large group of people I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In a vehicle I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In a store I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. At a church or a lecture I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. At a party I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. At a restaurant I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. At a movie theater I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Listening to a radio I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Watching television I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Using a land line (regular) telephone I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Using a cell (mobile) phone I hear . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION SET 3
:: VOICES IN NOISE ::

CHECK THE BOX THAT MOST APPLIES

	CLEAR	SOMEWHAT CLEAR	UNCLEAR
1. In noise the voice of a woman I know sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In noise the voice of a man I know sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In noise the voice of a child I know sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In noise the voice of a woman I don't know sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In noise the voice of a man I don't know sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In noise the voice of a child I don't know sounds . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION SET 4
:: DISTINGUISHING SOUND ::

CHECK THE BOX THAT MOST APPLIES

	YES	NO	SOMETIMES
1. Can I have a conversation without asking to repeat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can I recognize a family member just by their voice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can I distinguish where a voice is coming from?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can I distinguish how far away that voice is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can I distinguish whose voice it is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can I distinguish where a particular sound is coming from?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Can I distinguish how far away a sound is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Can I distinguish what a sound is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION SET 5
:: SOUND BY ELECTRONICS ::

CHECK THE BOX THAT MOST APPLIES

	YES	NO	SOMETIMES
1. Am I satisfied listening to talk radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Am I satisfied listening to music?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Am I you satisfied listening to television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Am I satisfied listening to movies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Am I satisfied using a telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Am I satisfied using a cell (mobile) phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

