



Patient Name: _____

Age at onset of hearing loss _____

Do you currently wear hearing aids? If yes, please indicate at what age you began wearing hearing aids. If no, please indicate if you have ever worn a hearing aid and for how long.

Do the hearing aids seem to help you? (circle one) Yes No Sometimes

If sometimes, please indicate in which situations you feel your hearing aids are beneficial.

Are you able to communicate on the telephone? If yes, please describe.

What is your preferred mode of communication? (circle one) Oral Sign Other, please explain

What is your reason for pursuing a cochlear implant?

What do you expect to gain from a cochlear implant?

