MIDWEST
EAR, NOSE & THROAT
"Feel better."

HEARING CENTER OF THE MIDWEST
COCHLEAR IMPLANT PROGRAM
Adult Initial Questionnaire

I. Identification

Name: _____ Date: _____
Address: _____ Birthdate: _____
_____ Sex: F M
Home Phone: _____ Work Phone: _____

II. Hearing Loss Information

1. When did you lose your hearing? _____

2. Did you lose hearing in both ears at the same time? _____
_____

3. Has your hearing changed over time? If so, please explain _____
_____

4. What caused your hearing loss?
____ Genetic/ Hereditary _____ Otosclerosis
____ Meningitis (at age ____) _____ Drugs/Medication (_____)
Other (please describe):
_____
_____

5. Do you wear hearing aid(s) now?_____ If so, how long? _____
Which ear do you wear the aid(s) on? Right Left Both
If not, have you ever worn aid(s)? _____ If so, when? _____

6. When and where did you have your last hearing test? _____
_____

III. Medical Information

1. Have you ever had ear surgery? _____ Which ear? _____

If yes, what was the date(s) of the surgery? _____
Describe the surgery _____
_____

2. Do you have any of these symptoms to the degree that they bother you?
   _____ Ringing in the ears _____ Dizziness or imbalance
   _____ Ear infection or drainage

3. Do you have any chronic or ongoing medical conditions? _____
   If so, please describe _____

4. Have you had any x-rays of your ears and/or head? (CT, MRI, etc.) _____
   When? _____ Where? _____

IV. Communication Information

1. Which mode of communication do you prefer?
   _____ Spoken English _____ Sign Language Alone
   _____ Sign Language and Spoken English _____ Written English
   _____ Other (Please describe: _____)

2. Do you use the telephone with your hearing aid? _____

V. Other information

1. How were you referred to Dakota Ear Center's cochlear implant program?
   _____
   _____

2. What do you hope you will gain with a cochlear implant?
   _____
   _____
   _____

3. Is there any other information you feel the Team should be aware of?
   _____
   _____
   _____

PLEASE ENCLOSE A COPY OF YOUR LAST AUDIOGRAM