

REMOTE CHECK QUESTIONNAIRE

MEDICAL ISSUES

1. When you touch the skin under the magnet, is there any numbness or pain?
 No
 Yes
2. Is the skin under the magnet red or discolored?
 No
 Yes
3. Is your sound processor causing soreness or any kind of discomfort?
 No
 Yes
4. Do you currently have an earache?
 No
 Yes
5. Is there any discharge from your ear?
 No
 Yes

FITTING ISSUES

6. Have you changed the way you use the hearing aid on your other ear? e.g. Have you stopped using a hearing aid or received a new one?
 No
 Yes
 I don't wear a hearing aid
If Yes, in what way? _____
7. Since your last clinic appointment, have you experienced any of the following while using your sound processor? (Tick all that apply).
 Painful sensations
 Twitching near the eye or anywhere on the face
 Sounds that are uncomfortably loud
 Sounds that feel too soft or not loud enough
 Interruption of sound
 Sounds that feel louder in one ear than the other
 None of the above

SOUND QUALITY ISSUES

8. Do you think your hearing has changed since your last clinic appointment or Remote Check?
 No
 Yes
If Yes, in what way? _____
9. Does someone you know (e.g., a family member, friend, etc.) think that your hearing has become worse?
 No
 Yes

THE NEXT SET OF QUESTIONS WILL ASK YOU TO THINK ABOUT THE LAST TIME YOU WERE IN CERTAIN SCENARIOS (INDICATE A NUMBER FROM 0 -NOT AT ALL- TO 10 -PERFECTLY-)

10. You are talking with one other person and there is a TV on in the same room. Without turning the TV down, can you follow what the person you're talking to says? ____
11. You are listening to someone talking to you, while at the same time trying to follow the news on TV. Can you follow what both people are saying? ____
12. You are in conversation with one person in a room where there are many other people talking. Can you follow what the person you are talking to is saying? ____
13. You are in a group of about five people in a busy restaurant. You can see everyone else in the group. Can you follow the conversation? ____
14. You are with a group and the conversation switches from one person to another. Can you easily follow the conversation without missing the start of what each new speaker is saying? ____
15. You are outside. A dog bark loudly. Can you tell immediately where it is, without having to look? ____
16. Can you tell how far away a bus or a truck is, from the sound? ____
17. Can you tell from the sound whether a bus or truck is coming towards you or going away? ____
18. When you hear more than one sound at a time, do you have the impression that it seems like a single jumbled sound? ____
19. When you listen to music, can you make out which instruments are playing? ____
20. Do sounds that you can hear easily seem clear to you (not blurred)? ____
21. Do you have to concentrate very much when listening to someone/something? ____

DEVICE'S CHECK ISSUES

22. If your processor falls off often, would you like help keeping it in place?
 - No, I am managing well
 - Yes, I would like help
 - My processor does not fall off too often
23. Do you have any concerns about how well your implant/sound processor is working?
 - No
 - YesIf Yes, what concerns do you have? _____
24. When did you last change your microphone cover?
 - In the past 3 months
 - More than 3 months ago
 - I can't remember
25. How often do you use the dry aid kit?
 - Every day
 - Not every day
 - Not sure
26. Has anything happened since your last clinic appointment or Remote Check that might have affected how well your implant/sound processor is working? (e.g., Was your processor dropped in a pool? Did you bump your head on the implant site? Etc.)
 - No
 - YesIf Yes, please specify what happened. _____
27. Do you need help getting spare parts for your processor? (e.g., microphone covers, retention accessories, batteries, Etc.)
 - No
 - YesIf Yes, please specify what you would like help with. _____

LISTENING ACTIVITIES ISSUES

28. Has your participation in any of the following activities decreased since your last appointment?
(Tick all that apply).
- I watch TV less often
 - I talk in a group less often
 - I have been having fewer conversations in noisy places
 - I don't listen to music as much
 - I don't talk on the phone as much
 - I don't attend church/lectures as much
 - I talk to children less
 - I don't have as many one-on-one conversations
 - I am less likely to talk to people I don't know well
 - None of the above (My participation in the above situations has remained the same or increased since my last appointment.)
29. Do you need training on any of the following activities?
(Tick all that apply).
- Changing zinc air/rechargeable batteries
 - Changing the volume on your sound processor
 - Changing programs on your sound processor
 - Using the dry aid kit or Home Charger
 - Changing microphone covers
 - Using tele-coil
 - Using wireless accessories
 - Understanding lights and beeps on your sound processor
 - None of the above (I don't need training on any of the above)
30. Would you like to discuss any other issues with your clinician?
- No
 - Yes
- If Yes, please specify what you would like to discuss. _____

For pediatric CI users, the same questions, in a simplified and customized version, are administered by their parents.