

# Cochlear Implant Evaluation Intake



Name \_\_\_\_\_

DOB \_\_\_\_\_

## **Statement of Problem**

At what age was your hearing loss identified? \_\_\_\_\_

What was the cause of your hearing loss? \_\_\_\_\_

Is there a family history of hearing loss? If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

Do you hear better out of one ear? YES NO If yes, which ear? \_\_\_\_\_

**Amplification History** Do you wear hearing aids? RIGHT EAR LEFT EAR BOTH N/A

If yes, when did you start wearing hearing aids? RIGHT: \_\_\_\_\_ LEFT: \_\_\_\_\_

How many hours per day do you wear your hearing aid(s)? \_\_\_\_\_

How old are your current hearing aids? \_\_\_\_\_

Do you use any assistive listening devices (TTY, FM system, closed captioning)? \_\_\_\_\_

\_\_\_\_\_

Preferred communication method(s): ORAL SIGN LANGUAGE TOTAL COMMUNICATION

**Health History** Please circle if you have any of the following:

Tinnitus      Epilepsy      Seizures      Stroke      Hypertension (high blood pressure)

Diabetes      Cancer      Allergies      Dizziness      Dementia      Depression/Anxiety

If yes, please elaborate: \_\_\_\_\_

History of ear infections? \_\_\_\_\_

History of ear surgery? \_\_\_\_\_

Has your vision been evaluated? YES NO If yes, when? \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_



**Hearing Handicap Inventory for Adults**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Instructions:** The purpose of the scale is to identify the problems your hearing loss may be causing you each question.

**Check:** Yes, Sometimes, or No

Do not skip a question if you avoid a situation because of a hearing problem.

|      |   | Yes<br>(4) | Sometimes<br>(2) | No<br>(0) |
|------|---|------------|------------------|-----------|
| S1   | Does a hearing problem cause you to use the phone less often than you would like?                   |            |                  |           |
| E2   | Does a hearing problem cause you to feel embarrassed when meeting new people?                       |            |                  |           |
| S3   | Does a hearing problem cause you to avoid groups of people?   |            |                  |           |
| E-4  | Does a hearing problem make you irritable?  |            |                  |           |
| E-5  | Does a hearing problem cause you to feel frustrated when talking to members of your family?         |            |                  |           |
| S-6  | Does a hearing problem cause you difficulty when attending a party?                                 |            |                  |           |
| S-7  | Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers? |            |                  |           |
| E-8  | Do you feel handicapped by a hearing problem?   |            |                  |           |
| S-9  | Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?         |            |                  |           |
| E-10 | Does a hearing problem cause you to feel frustrated when talking to coworkers,                      |            |                  |           |

|       |  |  |  |  |
|-------|--|--|--|--|
| S-1 1 | Does a hearing problem cause you difficulty in the movies of theater?                                      |  |  |  |
| E-12  | Does a hearing problem cause you to be nervous?  |  |  |  |
| S-13  | Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like? |  |  |  |
| E-14  | Does a hearing problem cause you to have arguments with family members?                                    |  |  |  |
| S-15  | Does a hearing problem cause you difficulty when listening to TV or radio?                                 |  |  |  |
| S-16  | Does a hearing problem cause you to go shopping less often than you would like?                            |  |  |  |
| E-17  | Does any problem or difficulty with your hearing upset you at all?   |  |  |  |
| E-18  | Does a hearing problem cause you to want to be by yourself?  |  |  |  |
| S-19  | Does a hearing problem cause you to talk to family members less often than you would like?                 |  |  |  |
| E-20  | Do you feel that any difficulty with your hearing limits or hampers your personal or social life?          |  |  |  |
| S-21  | Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?                |  |  |  |
| E-22  | Does a hearing problem cause you to feel depressed?  |  |  |  |
| S-23  | Does a hearing problem cause you to listen to TV or radio less often than you would like?                  |  |  |  |
| E-24  | Does a hearing problem cause you to feel uncomfortable when talking to friends?                            |  |  |  |
| E-25  | Does a hearing problem cause you to feel left out when you are with a group of people?                     |  |  |  |

|                |      |                              |     |                                 |     |
|----------------|------|------------------------------|-----|---------------------------------|-----|
| Total # points | /100 | Total # of points for SOCIAL | /48 | Total # of points for EMOTIONAL | /52 |
|----------------|------|------------------------------|-----|---------------------------------|-----|

- 0-16% = No handicap
- 18-42% = Mild-Moderate Handicap
- 44%+ = Significant Handicap

Adapted from Newman, C.W., Weinstein, B.E., Jacobson, G.P. and Hug, G.A., Test-retest reliability of the Hearing Handicap Inventory for Adults, Ear Hear., 12, 355-357 (1991)