



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?

\_\_\_\_\_  
\_\_\_\_\_