

## Appendix 1.

English translation of questionnaire

1.	What is your name?	
2.	What is your gender	male / female
3.	What is your date of birth?	/(day/month/year)



## **Questionnaire general**

4.	What is your ethnicity?	

- 5. What is your highest level of education?
  - a. Primary school
  - b. Lower secondary education (VMBO, VBO, MAVO, LBO, LTS, VGLO)
  - c. Higher secondary education (MMS/HBS/HAVO/VWO)
  - d. Secondary vocational education (MBO/MTS/MEAO)
  - e. Higher professional education (HBO/HTS/University)
- 6. Have you suffered from one or more of the following disorders <u>after</u> the cochlear implantation? (multiple answer options possible)
  - a. Depression
  - b. Anxiety
  - c. Sleep problems
  - d. Chronic pain
  - e. Dizziness
- 7. Have you suffered from one or more of the following disorders <u>before</u> the cochlear implantation? (multiple answer options possible)
  - a. Depression
  - b. Anxiety
  - c. Sleep problems
  - d. Chronic pain
  - e. Dizziness
- 8. How often do you use your cochlear implant (CI)?
  - a. Daily, whole day (daytime)
  - b. Daily, half day (daytime)
  - c. Most of the time I do not use my CI
  - d. I only use my CI in certain situations
  - e. I do not use my CI



## **Questionnaire tinnitus**

1.	Did you experience tinnitus <u>before</u> the cochlear implantation?		
	a. Yes		
	b. No		
	1.1 In case you experienced tinnitus <u>before</u> the cochlear implantation, how long did these complaints exist?		
	months/years		
	1.2 In case you experienced tinnitus <u>before</u> the cochlear implantation, how was your tinnitus severity?		
	a. Mild burden		
	b. Moderate burden		
	c. Severe burden		
	d. Not applicable		
2.	Have you experienced tinnitus <u>after</u> the cochlear implantation?  a. Yes, I still experience tinnitus currently		
	b. Yes, I experienced tinnitus temporary after the cochlear implantation:		
	months/years after surgery (enter the number of months or years that you		
	have suffered from tinnitus after the cochlear implantation)		
	c. No		
3.	On which side did you experience tinnitus <u>before</u> the cochlear implantation?		
	a. Left ear		
	b. Right ear		
	c. Both ears		
	d. In the head		
	e. Not applicable		
4.	On which side do/did you experience tinnitus after the cochlear implantation?		
	a. Left ear		
	b. Right ear		
	c. Both ears		
	d. In the head		
	e. Not applicable		
5.	Are your tinnitus symptoms pulsating, synchronous with your heartbeat?		
	a. Yes		
	b. No		
	c. Not applicable		



- 6. In case you experienced tinnitus <u>before</u> the cochlear implantation: did something change to the severity of your tinnitus <u>after</u> the cochlear implantation?
  - a. Yes, the tinnitus increased
  - b. Yes, the tinnitus decreased
  - c. Yes, the tinnitus completely disappeared
  - d. No, the tinnitus is the same
  - e. Not applicable
- 7. In case you experienced <u>temporary</u> tinnitus <u>after</u> cochlear implantation: when did you experience tinnitus?
  - a. Only if my CI was switched off
  - b. Only if my CI was switched on
  - c. Both if my CI was switched on and off
  - d. Not applicable
- 8. In case you experience tinnitus <u>currently</u>: when do you experience tinnitus?
  - a. Only if my CI was switched off
  - b. Only if my CI was switched on
  - c. Both if my CI was switched on and off
  - d. Not applicable

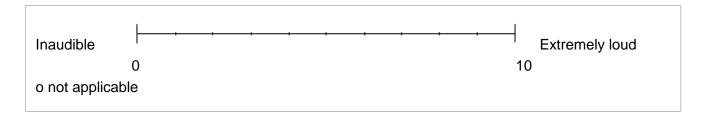


### **Attention:**

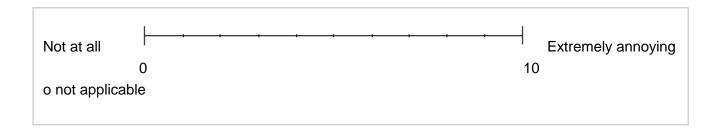
# You only have to complete the following questions in case you experience tinnitus currently

### Complete the following questions for the situation that your CI is switched OFF

1. On a 0-10 scale: what is the loudness of your tinnitus?\*



2. On a 0-10 scale: how annoying is your tinnitus?\*



3. On a 0-10 scale: what is the pitch of your tinnitus?\*



<sup>\*</sup>put a vertical line, you can draw a line anywhere on the 0-10 scale

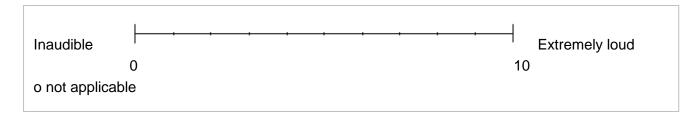


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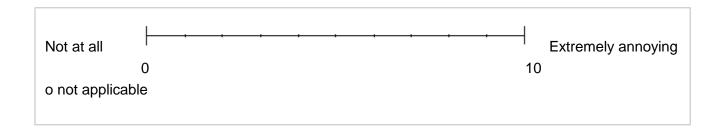
# You only have to complete the following questions in case you experience tinnitus currently

#### Complete the following questions for the situation that your CI is switched ON

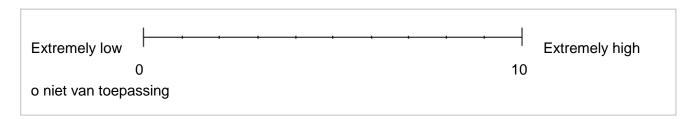
1. On a 0-10 scale: what is the loudness of your tinnitus?\*



2. On a 0-10 scale: how annoying is your tinnitus?\*



3. On a 0-10 scale: what is the pitch of your tinnitus?\*



<sup>\*</sup>put a vertical line, you can draw a line anywhere on the 0-10 scale



## Attention:

You only have to complete the following questions in case you experience tinnitus currently

The Dutch version of the TINNITUS HANDICAP INVENTORY (THI)