

Cochlear Implant Use Questionnaire (CIUQ)

Patient Name: _____ Date _____

1. Do you work? Full-time Part-time Retired Student

2. Do you live alone or with someone? _____

3. When do you put your cochlear implant processor on for the day? Time: _____
Further explanation (please explain if it varies day to day):

4. When do you take your cochlear implant processor off for the day? Time: _____
Further explanation (please explain if it varies day to day):

5. Do you routinely take off your processor for certain activities (ex. nap, exercise)? Yes / No
Further explanation (please explain if it varies day to day):

6. How many hours per day do you wear your cochlear implant processor?
Hours per day: _____. Further explanation (please explain if it varies day to day):

7. What was your surgeon or audiologist's recommendation for how often you should wear your cochlear implant processor?

8. Is there anything else you would like us to know about your cochlear implant processor use habits?

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Instructions: Think about your daily life with your cochlear implant. Answer how often each of the following statements applies to your feelings and experiences.

	Never (0)	Rarely (1)	Sometimes (2)	Often (3)	Always (4)
1. When my cochlear implant processor battery dies, I have a backup battery with me.*					
2. It is important that I hear my best at all times.*					
3. When I take my cochlear implant processor off, I enjoy the silence.					
4. I take my cochlear implant processor off when I am home alone.					
5. I get so exhausted from listening that I want to take my cochlear implant processor off.					
6. When sounds are annoying, I take my cochlear implant processor off.					
7. If I am sick or do not feel well, I do not like to wear my cochlear implant processor.					
8. I do not see the purpose of wearing my cochlear implant processor because it does not benefit my hearing ability.					
9. My cochlear implant processor or processor parts are broken.					
10. I remove my cochlear implant processor because it is too loud to wear comfortably.					
11. The sound quality of my cochlear implant discourages me from wearing it.					
12. I can hear and communicate effectively without my cochlear implant processor.					
13. I tend to remove my cochlear implant processor when I am not communicating.					
14. It is hard for me to put my cochlear implant processor on.					
15. I forget to put my cochlear implant processor on.					
16. It is important that I maximize my results with my cochlear implant.*					
17. I take breaks from wearing my cochlear implant processor because my ear hurts.					
18. My cochlear implant processor falls off of my ear.					

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	Never (0)	Rarely (1)	Sometimes (2)	Often (3)	Always (4)
19. I look forward to putting my cochlear implant processor on in the morning.*					
20. If I forget to wear my cochlear implant processor, my friends or family members will ask me why I'm not wearing it.*					
21. I take off my cochlear implant processor to avoid getting it wet while exercising or working outside during the summer.					
22. I do not wear my cochlear implant processor because I'm afraid of what people might think or say about it.					
23. I use alternate forms of communication (Ex. ASL, writing).					
24. My friends and family members think it is important that I wear my cochlear implant processor.*					
25. Wearing my cochlear implant processor gives me a headache.					

* Questions with an asterisk (1, 2, 16, 19, 20, & 24) should be reverse scored (i.e., 4=0, 3=1, 1=3, 0=4).