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## COMMON PHRASES

Name \_\_\_\_\_ Date \_\_\_\_\_ Examiner \_\_\_\_\_

Device \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

List A Condition	List B Condition	List C Condition
<input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Quiet <input type="checkbox"/> Noise	<input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Quiet <input type="checkbox"/> Noise	<input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Quiet <input type="checkbox"/> Noise
1. When is your birthday? 2. I like ice cream. 3. Wait for me! 4. Open the door. 5. What is your favorite TV show? 6. I'll call you. 7. I'm fine. 8. What did you eat for breakfast? 9. Clap your hands. 10. Clean your room.  _____/10 = _____ %	1. What color are your eyes? 2. It's nice to meet you. 3. Where are you going? 4. Time to listen. 5. Change your clothes. 6. That's okay. 7. I'll help you. 8. What do you like to play? 9. Say "Happy Birthday." 10. Close the door.  _____/10 = _____ %	1. What time is it? 2. See you later! 3. Let's go outside. 4. How old are you? 5. Turn around. 6. Drink your milk. 7. It is hot/cold outside. 8. What is your friend's name? 9. Stop it. 10. Wash your hands.  _____/10 = _____ %
List D Condition	List E Condition	List F Condition
<input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Quiet <input type="checkbox"/> Noise	<input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Quiet <input type="checkbox"/> Noise	<input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Quiet <input type="checkbox"/> Noise
1. What is your teacher's name? 2. Time for bed. 3. It's my turn. 4. Count to ten. 5. Eat your dinner. 6. Please be quiet. 7. Let me do it. 8. What is your favorite color? 9. I'm tired. 10. Where are your fingers?  _____/10 = _____ %	1. What do you like to eat? 2. Time for lunch. 3. Turn off the TV. 4. What color is your hair? 5. Where do you live? 6. I'm hungry. 7. Do your homework. 8. It is raining outside. 9. Watch out! 10. Today is____(day of the week).  _____/10 = _____ %	1. Where do you go to school? 2. Comb your hair. 3. Take your time! 4. What do you like to drink? 5. Where is your Mom/Dad? 6. I'm thirsty. 7. I like french fries. 8. Tell me your name. 9. Sit down. 10. Pay attention.  _____/10 = _____ %

Several tests of language in children with cochlear implants, including the Common Phrases Test, have been developed by researchers in the DeVault Otologic Research Laboratory of the Department of Otolaryngology-Head and Neck Surgery at the Indiana University School of Medicine. 699 Riley Hospital Drive RR 044, Indianapolis, IN 46202. Revised 4/23/99. Included with permission. <http://medicine.iu.edu/oto/research/devaultlab/testing/>