

How do YOU Feel about Using Cochlear Implants?

Name _____ School _____ Date _____

1. Are there situations when you do not use your CI when you should?	All the Time 1	Often 2	Now and Then 3	Almost Never 4	Never 5
2. Do you try to hide your CI, for example, hiding it behind your hair or taking it off?	All the Time 1	Often 2	Now and Then 3	Almost Never 4	Never 5
3. Do you guide others as to how they can best help you in conversation (for instance, to speak clearly, look at you, use a microphone)?	All the Time 1	Often 2	Now and Then 3	Almost Never 4	Never 5
4. How would you rate your ability to use American Sign Language (ASL)?	Cannot Sign 1	A Few Signs 2	Moderately Good 3	Good 4	Fluent in Sign 5
5. Would you like to learn more ASL? Which of the following matches your desire to sign? If you are fluent already, select not relevant.	Not Relevant 1	Don't want to sign 2	Just a Few Signs 3	Want to be Okay 4	Want to be Fluent 5
6. Do your parents have difficulties understanding ASL?	Not Relevant 1	Always 2	Often 3	Sometimes 4	Fluent 5
7. How do you feel about having a hearing loss?	I feel embarrassed about it 1		I do not really think about it 2	Most of the time I feel proud 3	
8. Do you ever feel the need to talk to someone about your personal experiences of hearing loss?	All the Time 1	Often 2	Now and Then 3	Almost Never 4	Never 5
9. How important is your hearing loss for your decisions, with respect to education?	Hugely important 1	Very Important 2	Important 3	Moderately Important 4	Slightly Important 5
10. Do you think it will be difficult for you to find a job because of your hearing loss?	Very Difficult 1	Quite Difficult 2	Sometimes Difficult 3	A Bit More Difficult 4	No Impact 5
11. How much do you agree with the following statement: "I feel different from other children my age"?	Strongly Agree 1	Agree 2	Agree Sometimes 3	Disagree 4	Strongly Disagree 5
12. How often do you take part in organized activities (i.e., sports, scouts, etc.)?	Never 1	Almost Never 2	A Few Times/Month 3	2 to 3 Times/Week 4	4+ Times/Week 5

Questions from: Dammeyer, J., Chapman, M. & Marschark, M. (2018). Experience of Hearing Loss, Communication, Social Participation, and Psychological Well-Being Among Adolescents with Cochlear Implants. *American Annals of the Deaf*, 163:4, 424–439. <https://doi.org/10.1353/aad.2018.0027> .

Questions adapted for North American use by Karen L. Anderson PhD, Supporting Success for Children with Hearing Loss (2019).

13. How many good friends to you have that you can talk to when you feel sad or unhappy?	None 1	1 to 3 2	4 to 6 3	7 to 10 4	More than 10 5
14. Do you need to use more mental and/or physical energy for: a) participating in activities at home b) being with your family c) being with friends d) being at school e) taking part in after-school activities f) being with other people with hearing loss g) being with people who are hearing	YES, often 1 1 1 1 1 1 1	Sometimes 2 2 2 2 2 2 2	Not at all 3 (NA) 3 (NA) 3 (NA) 3 (NA) 3 (NA) 3 (NA) 3 (NA)		
15. Over the past two weeks, I have felt cheerful and in good spirits.	Never 1	Almost Never 2	Now and Then 3	Often 4	All the Time 5
16. How often are you on your own when you would prefer to be with other people?	All the Time 1	Often 2	Now and Then 3	Almost Never 4	Never 5
17. Have you been bullied or teased in a way that made you feel bad in the last six months?	YES, often 1	YES, a few times 2	Not at all 3		

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