

Cochlear Implant Quality of Life-10 Global

ID: _____

Date: _____

INSTRUCTIONS: Think about your daily life with your cochlear implant (and/or hearing aid, if you also use one). Answer how often each of the following statements applies to your feelings and experiences. Answer how often each statement applies even if you don't use cochlear implants or hearing aids.

	Never	Rarely	Sometimes	Often	Always
1. I am able to have a conversation in a quiet place without asking the other person to repeat themselves					
2. I can hear and understand without looking at the person speaking					
3. I can understand strangers without lip-reading in a noisy place					
4. I feel comfortable being myself					
5. I keep quiet in a conversation to avoid saying the wrong thing					
6. I am able to enjoy listening to the radio and TV					
7. I can hear someone approaching from behind					
8. I am able to follow a conversation with minimal effort					
9. I have to concentrate when having a conversation with strangers when in a noisy place					
10. I avoid socializing with friends, relatives, or neighbors due to my hearing loss					