

Hearing Implant Sound Quality Index (HISQUI₁₉)

Questionnaire for Subjective Sound
Quality Detection



Hearing Implant Sound Quality Index (HISQUI₁₉)

Date of questionnaire completion ____ / ____ / ____ day/month/year

Date of birth ____ / ____ / ____ day/month/year

Gender Female Male

Hearing Status	Left Ear		Right Ear	
	Unaided hearing/normal hearing	<input type="checkbox"/>	Unaided hearing/normal hearing	<input type="checkbox"/>
	Aided with Implant	<input type="checkbox"/>	Aided with Implant	<input type="checkbox"/>
	Aided with Hearing aid	<input type="checkbox"/>	Aided with Hearing aid	<input type="checkbox"/>
	No hearing	<input type="checkbox"/>	No hearing	<input type="checkbox"/>

Duration of hearing loss ____ in Years

Date of Implantation	Left Ear: day/month/year*	Right Ear: day/month/year*
	____ / ____ / ____	____ / ____ / ____

Implant Type	Left Ear		Right Ear	
	Cochlear Implant (CI)	<input type="checkbox"/>	Cochlear Implant (CI)	<input type="checkbox"/>
	Middle Ear Implant (VSB)	<input type="checkbox"/>	Middle Ear Implant (VSB)	<input type="checkbox"/>
	Bone Conduction Implant	<input type="checkbox"/>	Bone Conduction Implant	<input type="checkbox"/>
	Electric-acoustic stimulation (EAS)	<input type="checkbox"/>	Electric-acoustic stimulation (EAS)	<input type="checkbox"/>
	Auditory brainstem-implant (ABI)	<input type="checkbox"/>	Auditory brainstem-implant (ABI)	<input type="checkbox"/>
	No Implant	<input type="checkbox"/>	No Implant	<input type="checkbox"/>

*If the exact date is not available, please specify just the year of implantation

The Questionnaire measures, how good or poorly you find the sound quality from your hearing implant in your personal, everyday listening situation.

Please check the answer boxes which correspond the closest to your everyday experiences. Each answer option also includes a percentage value. This percentage value will help you answering the questions: "almost always", for example, means that your statement is currently correct about 87% of the time.

If a specific situation/statement is not applicable, please check the box "N/A = not applicable".

	Always (99%)	Almost always (87%)	Frequently (75%)	Mostly (50%)	Occasionally (25%)	Rarely (12%)	Never (1%)	N/A
1. Can you effortlessly distinguish between a male and a female voice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When talking on the phone, can you effortlessly understand the voices of familiar people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When listening to music, can you effortlessly distinguish whether one or multiple instruments are being played simultaneously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When background noise is present, can you effortlessly participate in a conversation with friends or family members (e.g. at a party/ in a restaurant)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you effortlessly hear noises such as falling keys, the beeping of the microwave or the purring of a cat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you effortlessly distinguish single instruments in a familiar piece of music?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Always (99%)	Almost always (87%)	Frequently (75%)	Mostly (50%)	Occasionally (25%)	Rarely (12%)	Never (1%)	N/A
7. You are watching a movie on TV and music is playing in the background. Provided that the volume of the TV is loud enough, can you effortlessly understand the movie's text?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When talking on the phone, can you effortlessly understand the voices of unfamiliar people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Can you effortlessly understand a speech/lecture in a hall (e.g. lecture hall, church)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Can you effortlessly distinguish between a female voice and a child's voice (6-10 years of age)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. At home when other family members are having a conversation and you are listening to the news on the radio, can you effortlessly understand the news?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Can you effortlessly understand the announcement in a bus terminal, a train station or an airport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Can you effortlessly hear the ringing of the phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. You are listening to friends or family members talking to each other in quiet surroundings. Can you effortlessly identify the talker?	<input type="checkbox"/>							
15. You are seated on the back seat of a car and the driver in the front is talking to you. Can you effortlessly understand the driver?	<input type="checkbox"/>							
16. Can you effortlessly allocate background noise to a specific sound source (e.g. toilet flushing or vacuum cleaner) using acoustic help only?	<input type="checkbox"/>							
17. When other people in your close surrounding are having a conversation (e.g. talking to a salesperson, a bank clerk at the counter or a waiter in a busy restaurant), can you effortlessly talk to another person?	<input type="checkbox"/>							
18. When background noise is present (e.g. in the office, printer, copier, air conditioning, fan, traffic noise, in busy restaurants, at parties, noisy children), can you effortlessly participate in a conversation with multiple people?	<input type="checkbox"/>							
19. When multiple people are talking simultaneously, can you effortlessly follow discussions of friends and family members?	<input type="checkbox"/>							

Thank you very much for your support!

Calculation of the Total score (to be filled out by the tester):

The total HISQUI₁₉ score lies between 19 and 133 points. Each response option corresponds to a numerical value (see below).

7 Always	6 Almost always	5 Frequently	4 Mostly	3 Occasionally	2 Rarely	1 Never	X N/A
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Please enter the numerical value of each of the 19 questions in the HISQUI₁₉ evaluation matrix shown below. If a question was not answered or the answer was "not applicable" (N/A), that question should be treated as a missing value. In the appropriate box in the HISQUI₁₉ evaluation matrix mark the field concerned with an X.

HISQUI₁₉ Evaluation Matrix

Question 1		Question 11	
Question 2		Question 12	
Question 3		Question 13	
Question 4		Question 14	
Question 5		Question 15	
Question 6		Question 16	
Question 7		Question 17	
Question 8		Question 18	
Question 9		Question 19	
Question 10			
Total score			

The total HISQUI₁₉ score is obtained by adding the numerical values of all 19 questions. The score achieved overall indicates how good or poorly you find the sound quality in your personal, everyday listening situation with your hearing implant. The table should help you to interpret your individual result.

Achieved Total Score

very poor sound quality	< 30
poor sound quality	31 - 60
moderate sound quality	61 - 90
good sound quality	91 - 110
very good sound quality	111 - 133

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