

# Munich Music Questionnaire

To record music listening habits of people with post-lingual deafness after cochlear implantation



Name

Date (dd/mmm/yy)

Date of birth (dd/mmm/yy)

**Please check all devices that you use:**

- |  |   |
|--|---|
| <input type="checkbox"/> CI right          | <input type="checkbox"/> CI left          |
| <input type="checkbox"/> Hearing aid right | <input type="checkbox"/> Hearing aid left |
| <input type="checkbox"/> CI/DUET right     | <input type="checkbox"/> CI/DUET left     |

### 1. How often do you listen to and/or have you listened to music?

Please circle the applicable answer.

How often did you listen to music before your hearing loss?

Often      10    9    8    7    6    5    4    3    2    1      Never

How often did you listen to music with your hearing loss prior to receiving to your cochlear implant (CI) ?

Often      10    9    8    7    6    5    4    3    2    1      Never

How often do you listen to music now, after receiving your CI?

Often      10    9    8    7    6    5    4    3    2    1      Never

### 2. What role did/does music play in your life?

Please circle the applicable answer.

Before the onset of your hearing loss?

A big role    10    9    8    7    6    5    4    3    2    1      None

With your hearing loss prior to receiving your CI?

A big role    10    9    8    7    6    5    4    3    2    1      None

Now, since receiving your CI?

A big role    10    9    8    7    6    5    4    3    2    1      None

### 3. When you are /were listening to music, how long did you listen?

Before the onset of your hearing loss

Less than 30 minutes  
0

30 minutes to 1 hour  
0

1 hour to 2 hours  
0

More than 2 hours  
0

All day  
0

With your hearing loss prior to receiving your CI

Less than 30 minutes  
0

30 minutes to 1 hour  
0

1 hour to 2 hours  
0

More than 2 hours  
0

All day  
0

Now, since receiving your CI

Less than 30 minutes  
0

30 minutes to 1 hour  
0

1 hour to 2 hours  
0

More than 2 hours  
0

All day  
0

**4. How does music generally sound with your cochlear implant?**

Please circle the applicable answer.

|                  |    |   |   |   |   |   |   |   |   |   |                  |
|------------------|----|---|---|---|---|---|---|---|---|---|------------------|
| Natural          | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | Unnatural        |
| Pleasant         | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | Unpleasant       |
| Distinct         | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | Indistinct       |
| Less tinny       | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | More tinny       |
| Less Reverberant | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | More Reverberant |

**5. Do you normally feed music directly into your speech processor?**

(e.g., using the input jack which connects to audio devices such as MP3 players)

- Yes       No

**6. How do you listen to music?**

- In the background       As my only focus of concentration / without distraction       Both

**7. Why do you listen to music?**

Please check all applicable answers.

- For pleasure       Professional reasons       Emotional satisfaction       To relax
- To improve my mood       To stay awake       To dance

**8. If you listen to music with your CI, when did you start to listen to music on a regular basis after receiving your CI?**

- Directly after the first fitting       After 1 week       After 1 month       After 3 months
- After 6 months       After 1 year       After 2 years       Later

**9. Do you prefer to listen to solo instruments or to an orchestra / a band?**

Solo instruments

Orchestra / band

No preference

**10. If you listen to music, which elements of music can you hear?**

Pleasant tones, but no melody

Yes

No

Rhythm

Yes

No

Only unpleasant sounds

Yes

No

Melody

Yes

No

**11. Can you distinguish between high and low notes?**

Yes

No

**12. Which instruments can you detect well?**

Please check all applicable answers.

Violin

Flute

Trumpet

Tuba

Piano

Horn

Cello

Xylophone

Trombone

Accordion

Harp

Drum kit

Guitar

Saxophone

A different string instrument

A different keyboard instrument

A different wind instrument

An instrument that has not been named

**13. Which instruments do you like listening to?**

Please check all applicable answers.

Violin

Flute

Trumpet

Tuba

Piano

Horn

Cello

Xylophone

Trombone

Accordion

Harp

Drum kit

Guitar

Saxophone

A different string instrument

A different keyboard instrument

A different wind instrument

An instrument that has not been named

#### 14. Where have you listened to or do you currently listen to music?

Please check all applicable answers.

|   |   |  |  |
|---|---|--|--|
| Before the onset of your hearing loss             | <input type="checkbox"/> On the radio at home | <input type="checkbox"/> On the radio in the car | <input type="checkbox"/> At social events          |
|   | <input type="checkbox"/> On television        | <input type="checkbox"/> LP/CD/MC/MP3            | <input type="checkbox"/> At religious institutions |
| With your hearing loss prior to receiving your CI | <input type="checkbox"/> On the radio at home | <input type="checkbox"/> On the radio in the car | <input type="checkbox"/> At live public events     |
|   | <input type="checkbox"/> On television        | <input type="checkbox"/> LP/CD/MC/MP3            | <input type="checkbox"/> At religious institutions |
| Now, since receiving your CI                      | <input type="checkbox"/> On the radio at home | <input type="checkbox"/> On the radio in the car | <input type="checkbox"/> At live public events     |
|   | <input type="checkbox"/> On television        | <input type="checkbox"/> LP/CD/MC/MP3            | <input type="checkbox"/> At religious institutions |

#### 15. Which musical genre do you listen to?

Please check all applicable answers.

|   |  |   |  |   |
|---|--|---|--|---|
| Before the onset of your hearing loss             | <input type="checkbox"/> Classical music | <input type="checkbox"/> Opera/Operetta | <input type="checkbox"/> Religious music | <input type="checkbox"/> Folk/Country music |
|   | <input type="checkbox"/> Pop             | <input type="checkbox"/> Rock           | <input type="checkbox"/> Jazz/Blues      | <input type="checkbox"/> Music to dance to  |
| With your hearing loss prior to receiving your CI | <input type="checkbox"/> Classical music | <input type="checkbox"/> Opera/Operetta | <input type="checkbox"/> Religious music | <input type="checkbox"/> Folk/Country music |
|   | <input type="checkbox"/> Pop             | <input type="checkbox"/> Rock           | <input type="checkbox"/> Jazz/Blues      | <input type="checkbox"/> Dance music        |
| Now, since receiving your CI                      | <input type="checkbox"/> Classical music | <input type="checkbox"/> Opera/Operetta | <input type="checkbox"/> Religious music | <input type="checkbox"/> Folk/Country music |
|   | <input type="checkbox"/> Pop             | <input type="checkbox"/> Rock           | <input type="checkbox"/> Jazz/Blues      | <input type="checkbox"/> Music to dance to  |

**16. How would you rate your enjoyment when listening to music now?**

Please circle the applicable answer.

Classical music

Great enjoyment    10    9    8    7    6    5    4    3    2    1    No enjoyment

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Opera/Operetta

Great enjoyment    10    9    8    7    6    5    4    3    2    1    No enjoyment

---

Religious music

Great enjoyment    10    9    8    7    6    5    4    3    2    1    No enjoyment

---

Folk/Country music

Great enjoyment    10    9    8    7    6    5    4    3    2    1    No enjoyment

---

Pop

Great enjoyment    10    9    8    7    6    5    4    3    2    1    No enjoyment

---

Rock

Great enjoyment    10    9    8    7    6    5    4    3    2    1    No enjoyment

---

Jazz/Blues

Great enjoyment    10    9    8    7    6    5    4    3    2    1    No enjoyment

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Music to dance to

Great enjoyment    10    9    8    7    6    5    4    3    2    1    No enjoyment

**17. Did / Do you play an instrument or have you ever played one?**

Please circle the applicable answer.

As a child?

Often                    10    9    8    7    6    5    4    3    2    1    Never

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Before the onset of your hearing loss?

Often                    10    9    8    7    6    5    4    3    2    1    Never

---

With your hearing loss prior to receiving your CI?

Often                    10    9    8    7    6    5    4    3    2    1    Never

---

Now, since receiving your CI?

Often                    10    9    8    7    6    5    4    3    2    1    Never

If you do not play an instrument and never have, please skip question 18 and go to question 19!

**18. Which instrument(s) have you ever played or are you playing now?**

Please check all applicable answers.

**As a child:**

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Recorder                      | <input type="checkbox"/> Flute                           | <input type="checkbox"/> Brass instrument            | <input type="checkbox"/> Clarinet                              |
| <input type="checkbox"/> Piano                         | <input type="checkbox"/> Keyboard                        | <input type="checkbox"/> Accordion                   | <input type="checkbox"/> Guitar                                |
| <input type="checkbox"/> Violin                        | <input type="checkbox"/> Percussion                      | <input type="checkbox"/> Saxophone                   |  |
| <input type="checkbox"/> A different string instrument | <input type="checkbox"/> A different keyboard instrument | <input type="checkbox"/> A different wind instrument | <input type="checkbox"/> An instrument that has not been named |

**Before the onset of your hearing loss:**

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Recorder                      | <input type="checkbox"/> Flute                           | <input type="checkbox"/> Brass instrument            | <input type="checkbox"/> Clarinet                              |
| <input type="checkbox"/> Piano                         | <input type="checkbox"/> Keyboard                        | <input type="checkbox"/> Accordion                   | <input type="checkbox"/> Guitar                                |
| <input type="checkbox"/> Violin                        | <input type="checkbox"/> Percussion                      | <input type="checkbox"/> Saxophone                   |  |
| <input type="checkbox"/> A different string instrument | <input type="checkbox"/> A different keyboard instrument | <input type="checkbox"/> A different wind instrument | <input type="checkbox"/> An instrument that has not been named |

**With your hearing loss prior to receiving your CI:**

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Recorder                      | <input type="checkbox"/> Flute                           | <input type="checkbox"/> Brass instrument            | <input type="checkbox"/> Clarinet                              |
| <input type="checkbox"/> Piano                         | <input type="checkbox"/> Keyboard                        | <input type="checkbox"/> Accordion                   | <input type="checkbox"/> Guitar                                |
| <input type="checkbox"/> Violin                        | <input type="checkbox"/> Percussion                      | <input type="checkbox"/> Saxophone                   |  |
| <input type="checkbox"/> A different string instrument | <input type="checkbox"/> A different keyboard instrument | <input type="checkbox"/> A different wind instrument | <input type="checkbox"/> An instrument that has not been named |

**Now, since receiving your CI:**

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Recorder                      | <input type="checkbox"/> Flute                           | <input type="checkbox"/> Brass instrument            | <input type="checkbox"/> Clarinet                              |
| <input type="checkbox"/> Piano                         | <input type="checkbox"/> Keyboard                        | <input type="checkbox"/> Accordion                   | <input type="checkbox"/> Guitar                                |
| <input type="checkbox"/> Violin                        | <input type="checkbox"/> Percussion                      | <input type="checkbox"/> Saxophone                   |  |
| <input type="checkbox"/> A different string instrument | <input type="checkbox"/> A different keyboard instrument | <input type="checkbox"/> A different wind instrument | <input type="checkbox"/> An instrument that has not been named |



**19. Do you sing or did you sing?**

Please circle the applicable answer.

Before your hearing loss?

Often            10    9    8    7    6    5    4    3    2    1            Never

With your hearing loss prior to your cochlear implantation?

Often            10    9    8    7    6    5    4    3    2    1            Never

Now, since your cochlear implantation?

Often            10    9    8    7    6    5    4    3    2    1            Never

If you do not / did not sing, please skip question 20 and 21 and go to question 22!

**20. If you sing / did sing, indicate where?**

Please check all applicable answers.

|   |                                     |  |   |
|---|-------------------------------------|--|---|
| Before the onset of your hearing loss             | <input type="checkbox"/> In a choir | <input type="checkbox"/> In another group          | <input type="checkbox"/> At home, by myself |
|   | <input type="checkbox"/> In the car | <input type="checkbox"/> In religious institutions | <input type="checkbox"/> With friends       |
| With your hearing loss prior to receiving your CI | <input type="checkbox"/> In a choir | <input type="checkbox"/> In another group          | <input type="checkbox"/> At home, by myself |
|   | <input type="checkbox"/> In the car | <input type="checkbox"/> In religious institutions | <input type="checkbox"/> With friends       |
| Now, since receiving your CI                      | <input type="checkbox"/> In a choir | <input type="checkbox"/> In another group          | <input type="checkbox"/> At home, by myself |
|   | <input type="checkbox"/> In the car | <input type="checkbox"/> In religious institutions | <input type="checkbox"/> With friends       |

**21. If you sing / did sing please indicate what.**

Please check all applicable answers.

|   |  |  |   |                                      |
|---|--|--|---|--------------------------------------|
| Before the onset of your hearing loss             | <input type="checkbox"/> Folk music      | <input type="checkbox"/> Classical music | <input type="checkbox"/> Children's songs | <input type="checkbox"/> Jazz/ Blues |
|   | <input type="checkbox"/> Religious music | <input type="checkbox"/> Opera/Operetta  | <input type="checkbox"/> Christmas songs  | <input type="checkbox"/> Pop/Rock    |
| With your hearing loss prior to receiving your CI | <input type="checkbox"/> Folk music      | <input type="checkbox"/> Classical music | <input type="checkbox"/> Children's songs | <input type="checkbox"/> Jazz/ Blues |
|   | <input type="checkbox"/> Religious music | <input type="checkbox"/> Opera/Operetta  | <input type="checkbox"/> Christmas songs  | <input type="checkbox"/> Pop/Rock    |
| Now, since receiving your CI                      | <input type="checkbox"/> Folk music      | <input type="checkbox"/> Classical music | <input type="checkbox"/> Children's songs | <input type="checkbox"/> Jazz/ Blues |
|   | <input type="checkbox"/> Religious music | <input type="checkbox"/> Opera/Operetta  | <input type="checkbox"/> Christmas songs  | <input type="checkbox"/> Pop/Rock    |

**22. Did you receive any musical education outside of school (instrument and/or voice lessons)?**

- Yes       No

If you did not receive any musical education, please skip question 23 and go to question 24!

**23. For how long did you receive musical education outside school (instrument and/or voice lessons)?**

- Less than 3 years       More than 3 years

**24. Have you practiced listening to music with your implant?**

- Yes       No

If you have not practiced listening to music with your implant, please skip question 25!

**25. How have you practiced listening to music with your implant?**

Please check all applicable answers.

I have listened to familiar music repeatedly

I have read and played music

I have listened to unfamiliar music repeatedly

I have played familiar music repeatedly without reading the music

I have listened to and read music

I have worked on music listening in my rehabilitation

I took music lessons

Thank you for your contribution!



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