

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 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	
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	
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	
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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