



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:

- CI right CI left
 Hearing aid right Hearing aid left
 CI/DUET right 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 <u>10</u> 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 <u>10</u> 9 8 7 6 5 4 3 2 1 Never
	How often do you listen to music now, after receiving your CI? Often <u>10</u> 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 <u>10</u> 9 8 7 6 5 4 3 2 1 None
	With your hearing loss prior to receiving your CI? A big role <u>10</u> 9 8 7 6 5 4 3 2 1 None
	Now, since receiving your CI? A big role <u>10</u> 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 <input type="checkbox"/>	30 minutes to 1 hour <input type="checkbox"/>	1 hour to 2 hours <input type="checkbox"/>	More than 2 hours <input type="checkbox"/>	All day <input type="checkbox"/>	
With your hearing loss prior to receiving your CI	Less than 30 minutes <input type="checkbox"/>	30 minutes to 1 hour <input type="checkbox"/>	1 hour to 2 hours <input type="checkbox"/>	More than 2 hours <input type="checkbox"/>	All day <input type="checkbox"/>	
Now, since receiving your CI	Less than 30 minutes <input type="checkbox"/>	30 minutes to 1 hour <input type="checkbox"/>	1 hour to 2 hours <input type="checkbox"/>	More than 2 hours <input type="checkbox"/>	All day <input type="checkbox"/>	

4.	How does music generally sound with your cochlear implant? Please circle the applicable answer.											
	Natural	<u>10</u>	9	8	7	6	5	4	3	2	1	Unnatural
	Pleasant	<u>10</u>	9	8	7	6	5	4	3	2	1	Unpleasant
	Distinct	<u>10</u>	9	8	7	6	5	4	3	2	1	Indistinct
	Less tinny	<u>10</u>	9	8	7	6	5	4	3	2	1	More tinny
	Less Reverberant	<u>10</u>	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)	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6.	How do you listen to music?		
	<input type="checkbox"/> In the background	<input type="checkbox"/> As my only focus of concentration / without distraction	<input type="checkbox"/> Both

7.	Why do you listen to music? Please check all applicable answers.			
	<input type="checkbox"/> For pleasure	<input type="checkbox"/> Professional reasons	<input type="checkbox"/> Emotional satisfaction	<input type="checkbox"/> To relax
	<input type="checkbox"/> To improve my mood	<input type="checkbox"/> To stay awake	<input type="checkbox"/> 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?			
	<input type="checkbox"/> Directly after the first fitting	<input type="checkbox"/> After 1 week	<input type="checkbox"/> After 1 month	<input type="checkbox"/> After 3 months
	<input type="checkbox"/> After 6 months	<input type="checkbox"/> After 1 year	<input type="checkbox"/> After 2 years	<input type="checkbox"/> Later

9.	Do you prefer to listen to solo instruments or to an orchestra / a band?		
	<input type="checkbox"/> Solo instruments	<input type="checkbox"/> Orchestra / band	<input type="checkbox"/> No preference

10.	If you listen to music, which elements of music can you hear?							
	Pleasant tones, but no melody		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rhythm		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Only unpleasant sounds		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Melody		<input type="checkbox"/> Yes	<input type="checkbox"/> No

11.	Can you distinguish between high and low notes?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12.	Which instruments can you detect well? Please check all applicable answers.								
	<input type="checkbox"/> Violin	<input type="checkbox"/> Flute	<input type="checkbox"/> Trumpet	<input type="checkbox"/> Tuba	<input type="checkbox"/> Piano				
	<input type="checkbox"/> Horn	<input type="checkbox"/> Cello	<input type="checkbox"/> Xylophone	<input type="checkbox"/> Trombone	<input type="checkbox"/> Accordion				
	<input type="checkbox"/> Harp	<input type="checkbox"/> Drum kit	<input type="checkbox"/> Guitar	<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		

13.	Which instruments do you like listening to? Please check all applicable answers.								
	<input type="checkbox"/> Violine	<input type="checkbox"/> Flute	<input type="checkbox"/> Trumpet	<input type="checkbox"/> Tuba	<input type="checkbox"/> Piano				
	<input type="checkbox"/> Horn	<input type="checkbox"/> Cello	<input type="checkbox"/> Xylophone	<input type="checkbox"/> Trombone	<input type="checkbox"/> Accordion				
	<input type="checkbox"/> Harp	<input type="checkbox"/> Drum kit	<input type="checkbox"/> Guitar	<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		

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	

18.	Continuation: Which instrument(s) have you ever played or are you playing now? Please check all applicable answers.						
	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	<u>10</u>	9	8	7	6	5	4	3	2	1	Never
	With your hearing loss prior to your cochlear implantation?											
Often	<u>10</u>	9	8	7	6	5	4	3	2	1	Never	
Now, since your cochlear implantation?												
Often	<u>10</u>	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"/> Christmas 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 receive your CI	<input type="checkbox"/> Folk music	<input type="checkbox"/> Classical music	<input type="checkbox"/> Christmas 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"/> Christmas 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)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	
<input type="checkbox"/> Less than 3 years	<input type="checkbox"/> More than 3 years

24.	Have you practiced listening to music with your implant?
	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	
	<input type="checkbox"/> I have listened to familiar music repeatedly	<input type="checkbox"/> I have read and played music
	<input type="checkbox"/> I have listened to unfamiliar music repeatedly	<input type="checkbox"/> I have played familiar music repeatedly without reading the music
	<input type="checkbox"/> I have listened to and read music	<input type="checkbox"/> I have worked on music listening in my rehabilitation
	<input type="checkbox"/> I took music lessons	

Thank you for your contribution!

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