



Appendix 1.

English translation of questionnaire

1. What is your name?
2. What is your gender male / female
3. What is your date of birth? /...../..... (day/month/year)



Questionnaire general

4. What is your ethnicity?
5. What is your highest level of education?
 - a. Primary school
 - b. Lower secondary education (VMBO, VBO, MAVO, LBO, LTS, VGLO)
 - c. Higher secondary education (MMS/HBS/HAVO/VWO)
 - d. Secondary vocational education (MBO/MTS/MEAO)
 - e. Higher professional education (HBO/HTS/University)
6. Have you suffered from one or more of the following disorders after the cochlear implantation? (multiple answer options possible)
 - a. Depression
 - b. Anxiety
 - c. Sleep problems
 - d. Chronic pain
 - e. Dizziness
7. Have you suffered from one or more of the following disorders before the cochlear implantation? (multiple answer options possible)
 - a. Depression
 - b. Anxiety
 - c. Sleep problems
 - d. Chronic pain
 - e. Dizziness
8. How often do you use your cochlear implant (CI)?
 - a. Daily, whole day (daytime)
 - b. Daily, half day (daytime)
 - c. Most of the time I do not use my CI
 - d. I only use my CI in certain situations
 - e. I do not use my CI

Questionnaire tinnitus

1. Did you experience tinnitus before the cochlear implantation?
 - a. Yes
 - b. No
 - 1.1 In case you experienced tinnitus before the cochlear implantation, how long did these complaints exist?

.....months/years
 - 1.2 In case you experienced tinnitus before the cochlear implantation, how was your tinnitus severity?
 - a. Mild burden
 - b. Moderate burden
 - c. Severe burden
 - d. Not applicable
2. Have you experienced tinnitus after the cochlear implantation?
 - a. Yes, I still experience tinnitus currently
 - b. Yes, I experienced tinnitus temporary after the cochlear implantation:

.....months/years after surgery (enter the number of months or years that you have suffered from tinnitus after the cochlear implantation)
 - c. No
3. On which side did you experience tinnitus before the cochlear implantation?
 - a. Left ear
 - b. Right ear
 - c. Both ears
 - d. In the head
 - e. Not applicable
4. On which side do/did you experience tinnitus after the cochlear implantation?
 - a. Left ear
 - b. Right ear
 - c. Both ears
 - d. In the head
 - e. Not applicable
5. Are your tinnitus symptoms pulsating, synchronous with your heartbeat?
 - a. Yes
 - b. No
 - c. Not applicable



6. In case you experienced tinnitus before the cochlear implantation: did something change to the severity of your tinnitus after the cochlear implantation?
 - a. Yes, the tinnitus increased
 - b. Yes, the tinnitus decreased
 - c. Yes, the tinnitus completely disappeared
 - d. No, the tinnitus is the same
 - e. Not applicable

7. In case you experienced temporary tinnitus after cochlear implantation: when did you experience tinnitus?
 - a. Only if my CI was switched off
 - b. Only if my CI was switched on
 - c. Both if my CI was switched on and off
 - d. Not applicable

8. In case you experience tinnitus currently: when do you experience tinnitus?
 - a. Only if my CI was switched off
 - b. Only if my CI was switched on
 - c. Both if my CI was switched on and off
 - d. Not applicable

Attention:

You only have to complete the following questions in case you experience tinnitus currently

Complete the following questions for the situation that your CI is switched **OFF**

1. On a 0-10 scale: what is the loudness of your tinnitus?*

Inaudible 0 10 Extremely loud
o not applicable

2. On a 0-10 scale: how annoying is your tinnitus?*

Not at all 0 10 Extremely annoying
o not applicable

3. On a 0-10 scale: what is the pitch of your tinnitus?*

Extremely low 0 10 Extremely high
o niet van toepassing

*put a vertical line, you can draw a line anywhere on the 0-10 scale

Attention:

You only have to complete the following questions in case you experience tinnitus currently

Complete the following questions for the situation that your CI is switched ON

1. On a 0-10 scale: what is the loudness of your tinnitus?*

Inaudible	-----	Extremely loud
0		10
<input type="radio"/> not applicable		

2. On a 0-10 scale: how annoying is your tinnitus?*

Not at all	-----	Extremely annoying
0		10
<input type="radio"/> not applicable		

3. On a 0-10 scale: what is the pitch of your tinnitus?*

Extremely low	-----	Extremely high
0		10
<input type="radio"/> niet van toepassing		

*put a vertical line, you can draw a line anywhere on the 0-10 scale



Attention:

You only have to complete the following questions in case you experience tinnitus currently

The Dutch version of the TINNITUS HANDICAP INVENTORY (THI)