



## 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 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

The Dutch version of the TINNITUS HANDICAP INVENTORY (THI)