



International Outcome Inventory for Comprehensive Intervention (IOI-CHI)

ID NUMBER:

FORM CODE: I C H I

DATE: 08/23/2017
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

1. Did you use your hearing aids or hearing assistive technology during the past two weeks?

_Y = Yes

_N = No → Skip to Question 4

2. Over the past two weeks, how many hours per day, on average, did you use your hearing aids?

3. Over the past two weeks, how many hours per day, on average, did you use your hearing assistive technology?

4. Over the past two weeks, how many hours per day, on average, did you use your comprehensive intervention?

5. Think about the situation where you most wanted to hear better, before you got your present hearing intervention. Over the past two weeks, how much has the hearing intervention helped in that situation?

₁ .. Helped not at all

₂ .. Helped slightly

₃ .. Helped moderately

₄ .. Helped quite a lot

₅ .. Helped very much

6. Think again about the situation where you most wanted to hear better. When you use your present hearing intervention, how much difficulty do you STILL have in that situation?

₁ .. Very much difficulty

₂ .. Quite a lot of difficulty

₃ .. Moderate difficulty

₄ .. Slight difficulty

₅ .. No difficulty

7. Considering everything, do you think your present hearing intervention is worth the trouble?

- ₁ .. Not at all worth it
- ₂ .. Slightly worth it
- ₃ .. Moderately worth it
- ₄ .. Quite a lot worth it
- ₅ .. Very much worth it

8. Over the past two weeks, with your present hearing intervention, how much have your hearing difficulties affected the things you can do?

- ₁ .. Affected very much
- ₂ .. Affected quite a lot
- ₃ .. Affected moderately
- ₄ .. Affected slightly
- ₅ .. Affected not at all

9. Over the past two weeks, with your present hearing intervention, how much do you think other people were bothered by your hearing difficulties?

- ₁ .. Bothered very much
- ₂ .. Bothered quite a lot
- ₃ .. Bothered moderately
- ₄ .. Bothered slightly
- ₅ .. Bothered not at all

10. Considering everything, how much has your present hearing intervention changed your enjoyment of life?

- ₁ .. Worse
- ₂ .. No change
- ₃ .. Slightly better
- ₄ .. Quite a lot better
- ₅ .. Very much better