

Quantified Denver Scale of Communication Function [QDS]

Participant ID: - - -

Date: / /
 M M D D Y Y Y Y

Study Visit: BL Follow-Up 1 Follow-Up 2 Follow-Up 3 Follow-Up 4

Instructions: The following questionnaire was designed to evaluate your communication ability as you view it. Please read each statement and rate how much you agree or disagree with it.

	Strongly Disagree [1]	Slightly Disagree [2]	Neither [3]	Slightly agree [4]	Strongly agree [5]
1. The members of my family are annoyed with my loss of hearing. [QDS1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I tend to be negative about life in general because of my hearing loss. [QDS2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Since I have trouble hearing I hesitate to meet new people. [QDS3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I do not enjoy my job as much as I did before I began to lose my hearing. [QDS4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Conversation in a noisy room prevents me from attempting to communicate with others. [QDS5]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>