Self Assessment of Communication (SAC)

Name:_____ **Date:**_____

Instructions: The purpose of this form is to identify the problems a hearing loss may be causing you. If you have a hearing aid, please fill out the form according to how you communicate ***when the hearing aids are NOT in use.*** One of the five descriptions on the right should be assigned to each of the statements below.

Select a number from 1 to 5 next to each statement (please do not answer with yes or no, and pick only one answer for each question.)

1) Almost never (or never)
2) Occasionally (about ¼ of the time)
3) About ½ of the time
4) Frequently (about ¾ of the time)
5) Practically always (or always)

(1)	Do you experience communication difficulties in situations when speaking with one other person? (at home, at work, in a social situation, with a waitress, a store clerk, with a spouse, boss, etc.)	1 2 3 4 5
(2)	Do you experience communication difficulties while watching TV and in various types of entertainment? (movies, radio, plays, night clubs, musical instruments, etc.)	1 2 3 4 5
(3)	Do you experience communication difficulties in situations when conversing with a small group of several persons? (with friends or families, co-workers, in meetings or casual conversations, over dinner or while playing cards, etc.)	1 2 3 4 5
(4)	Do you experience communication difficulties when you are in an unfavorable listening environment? (at a noisy party, where there is background music, when riding in an auto or bus, when someone whispers or talks from across the room, etc.)	1 2 3 4 5
(5)	Name a situation where you experience communication difficulties and you most want to hear better. How often does this happen? **Situation**_____	1 2 3 4 5
(6)	Do you feel that any difficulty with hearing negatively affects or hampers your personal or social life?	1 2 3 4 5
(7)	Do you feel that any problem or difficulty with your hearing worries, annoys, or upsets you?	1 2 3 4 5
(8)	Do you or others seem to be concerned or annoyed that you have a hearing problem?	1 2 3 4 5
(9)	How often does hearing loss negatively affect your enjoyment of life?	1 2 3 4 5

(10) If you are using a hearing aid: On an average day, how many hours did you use the hearing aids? Hours _____ /16 = _____%

Please rate what you feel is your overall satisfaction with the hearing aids.

1 ☐ not at all satisfied (0%) 2 ☐ slightly satisfied (25%) 3 ☐ moderately satisfied (50%)
4 ☐ mostly satisfied (75%) 5 ☐ very satisfied (100%)

Score: (Q1-9) _____ (/9) _____ -1 _____x25 = _____ % 0-20% - no 21-40% - slight 41-70% - mild 71-100% severe