

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.

- 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)

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) 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.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
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.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
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.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
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.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
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(5) Name a situation where you experience communication difficulties and you most want to hear better. How often does this happen? Situation _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(6) Do you feel that any difficulty with hearing negatively affects or hampers your personal or social life?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(7) Do you feel that any problem or difficulty with your hearing worries, annoys, or upsets you?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(8) Do you or others seem to be concerned or annoyed that you have a hearing problem?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(9) How often does hearing loss negatively affect your enjoyment of life?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
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(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%)

For office use only

Score: (Q1-9) _____ (/9) _____ -1 _____ x25 = _____ % 0-20% - no 21-40% - slight 41-70% - mild 71-100% severe