

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 |
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| (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 |
| 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 _____ | <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