

## PATIENT SELF-ASSESSMENT OF COMMUNICATION (SAC)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** The purpose of this form is to identify the problems your hearing loss may be causing you. If you wear hearing aids, answer the questions according to how you communicate *when the hearing aids are 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
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(2) Do you experience communication difficulties while watching TV and in various types of entertainment? (movies, radio, plays, night clubs, musical entertainment, etc.)

1	2	3	4	5
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(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
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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.)

1	2	3	4	5
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(5) How often do you experience communication difficulties in the situation where you most want to hear better?

1	2	3	4	5
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Situation \_\_\_\_\_

(6) Do you experience difficulty in hearing soft, medium, and loud environmental sounds appropriately (telephone ring, doorbell ring, traffic, horns, alarms).

1	2	3	4	5
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(7) Do you feel that any difficulty with your hearing negatively affects or hampers your personal or social life?

1	2	3	4	5
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(8) Does any problem or difficulty with your hearing worry, annoy or upset you?

1	2	3	4	5
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(9) How often do others seem to be concerned or annoyed or suggest that you have a hearing problem?

1	2	3	4	5
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(10) How often does your hearing negatively affect your enjoyment of life?

1	2	3	4	5
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(11) If you are using a hearing aid: On an average day, how many hours did you use your hearing aids?  
hours \_\_\_\_\_ /16= \_\_\_\_\_ %

Please rate your overall satisfaction with your 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**

☐ Pre- Assessment   ☐ Not currently using Hearing Aids  
☐ Post- Assessment   ☐ Current Hearing Aid User  
81184/20K/0504

Score : (Q1-10) \_\_\_\_\_ (/10) \_\_\_\_\_ -1 \_\_\_\_\_ x 25 = \_\_\_\_\_ %  
SAC - 81184 (50/pd)

## SIGNIFICANT OTHER ASSESSMENT OF COMMUNICATION (SOAC)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Person Completing Assessment: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Instructions:** The purpose of this form is to identify the problems a hearing loss may be causing your significant other. If the patient has a hearing aid, please fill out the form according to how he/she communicates *when the hearing aid is 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) Does he/she 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
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(2) Does he/she experience communication difficulties while watching TV and in various types of entertainment? (movies, radio, plays, night clubs, musical entertainment, etc.)

1	2	3	4	5
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(3) Does he/she 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
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(4) Does he/she 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
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(5) How often does he/she experience communication difficulties in the situation where he/she most wants to hear better?

Situation \_\_\_\_\_

1	2	3	4	5
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(6) Does he/she experience difficulty in hearing soft, medium, and loud environmental sounds appropriately (telephone ring, doorbell ring, traffic, horns, alarms).

1	2	3	4	5
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(7) Do you feel that any difficulty with hearing negatively affects or hampers his/her personal or social life?

1	2	3	4	5
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(8) Do you feel that any problem or difficulty with hearing worries, annoys or upsets him/her?

1	2	3	4	5
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(9) Do you or others seem to be concerned or annoyed that he/she has a hearing problem?

1	2	3	4	5
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(10) How often does hearing loss negatively affect his/her enjoyment of life?

1	2	3	4	5
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(11) If he/she is using a hearing aid: On an average day, how many hours did he/she use his/her hearing aids?

hours \_\_\_\_\_/16= \_\_\_\_\_%

Please rate your overall satisfaction with his/her 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

- ☐ Pre- Assessment
  - ☐ Post- Assessment
  - ☐ Not currently using Hearing Aids
  - ☐ Current Hearing Aid User
- 81185/10K/1003

Score : (Q1-10) \_\_\_\_\_ (/10) \_\_\_\_\_ -1 \_\_\_\_\_ x 25 = \_\_\_\_\_%

SOAC - 81185 (50/pd) [www.isu.edu/csed/profile](http://www.isu.edu/csed/profile)