

# SELF ASSESSMENT OF COMMUNICATION (SAC)

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

<p><b>Instructions:</b> The purpose of this form is to identify the problems a hearing loss may be causing you. If you use hearing aids, please fill out the form according to how you communicate when the hearing aids are in use.</p> <p style="text-align: center;"><b>Select a number from 1 to 5 next to each statement</b> (please do not answer with yes or no, and pick only one answer for each question.)</p>	<p><b>1) Almost never (or never)</b>  <b>2) Occasionally (about ¼ of the time)</b>  <b>3) About ½ of the time</b>  <b>4) Frequently (about ¾ of the time)</b>  <b>5) Practically always (or always)</b></p>					
<p>(1) <b>Do you experience communication difficulties in situations when speaking with one other person?</b> (at home, at work, in a social situation, with a waitress, a store clerk, with a spouse, boss, etc.)</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
<p>(2) <b>Do you experience communication difficulties while watching TV and in various types of entertainment?</b> (movies, radio, plays, night clubs, musical instruments, etc.)</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
<p>(3) <b>Do you experience communication difficulties in situations when conversing with a small group of several persons?</b> (with friends or families, co-workers, in meetings or casual conversations, over dinner or while playing cards, etc.)</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
<p>(4) <b>Do you experience communication difficulties when you are in an unfavorable listening environment?</b> ( 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.)</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
<p>(5) <b>How often do you experience communication difficulties in the situation where you most want to hear better?</b> Situation _____</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
<p>(6) <b>Do you experience difficulty in hearing soft, medium, and loud environmental sounds appropriately</b> (telephone ring, doorbell ring, traffic, horns, alarms)?</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
<p>(7) <b>Do you feel that any difficulty with your hearing negatively affects or hampers your personal or social life?</b></p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
<p>(8) <b>Do you feel that any problem or difficulty with your hearing worries, annoys, or upsets you?</b></p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
<p>(9) <b>How often do others seem to be concerned or annoyed or suggest that you have a hearing problem?</b></p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
<p>(10) <b>How often does your hearing negatively affect your enjoyment of life?</b></p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table>	1	2	3	4	5
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<p>11) <b>If you are a hearing aid user: On average how many hours do you use your hearing aid?</b></p>	<p>Hours ____ /16= ____ %</p>					

**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    5 very satisfied (100%)

For office use only:  
 SAC score: (Q1-10) \_\_\_\_\_ (/10)= \_\_\_\_\_ -1= \_\_\_\_\_ x25= \_\_\_\_\_ %