

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 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 1/3 of the time)
- (3) About 1/2 of the time
- (4) Frequently (about 2/3 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 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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(7) 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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(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 does your hearing negatively affect your enjoyment of life?

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 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%)

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Score: (Q1-9) _____ (1/9) _____ -1 _____ x 25 = _____ %

Score (Q1-5)/5 = _____ (Q6-9)/4 = _____ Q9 = _____

-1x25 = _____ D _____ % H _____ % Q _____ %