

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.

- (1) Almost never / never
- (2) Occasionally (1/4 of the time)
- (3) About half the time
- (4) Frequently (3/4 of the time)
- (5) Practically always / always

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 choose 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.)?

1	2	3	4	5
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2) Do you experience communication difficulties while watching TV and engaging in various types of entertainment (movies, radio, plays, nightclubs, 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 family, 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 automobile, 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? Situation: _____

1	2	3	4	5
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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 do you use your hearing aids?

Hours / 16 = ____%

Please rate your overall satisfaction with your hearing aids: _____%

Not at all satisfied (0%) Slightly satisfied (25%) Moderately satisfied (50%)
Mostly satisfied (75%) Very satisfied (100%)

FOR OFFICE USE ONLY

D Pre-Assessment D Not currently using hearing aids
D Post-Assessment D Current hearing aid user

SAC – 81184 (50/pd)

Score: (Q1-10)____ (/10)____ -1____ x25= ____%

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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 your hearing loss may be causing your loved one. If the patient has hearing aids, please fill out the form according to how he/she communicates 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 choose only one answer for each question.**

- (1) Almost never / never
- (2) Occasionally (1/4 of the time)
- (3) About half the time
- (4) Frequently (3/4 of the time)
- (5) Practically always / 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 engaging in various types of entertainment (movies, radio, plays, nightclubs, 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 family, 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 they are in an unfavorable listening environment (at a noisy party where there is background music, when riding in an automobile, 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 they most want 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
---	---	---	---	---

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 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 do they use their hearing aids?

Hours / 16 = ____%

Please rate your overall satisfaction with his / her hearing aids: _____%

Not at all satisfied (0%) Slightly satisfied (25%) Moderately satisfied (50%)

Mostly satisfied (75%) Very satisfied (100%)

FOR OFFICE USE ONLY

D Pre-Assessment D Not currently using hearing aids

SAC – 81184 (50/pd)

D Post-Assessment D Current hearing aid user

Score: (Q1-10) _ (/10) _ -1 _ x25= ____%