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) Do you experience communication difficulties in situations when speaking with another person? (at home, at work, in a social situation, with a waitress, a store clerk, with a spouse, boss, etc.)

(2) Do you experience communication difficulties while watching TV and in various types of entertainment? (movies, radio, plays, night clubs, musical entertainment, etc.)

(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.)

(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.)

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

Situation ___________________________

(6) Do you feel that any difficulty with your hearing negatively affects or hampers your personal or social life?

(7) How often do others seem to be concerned or annoyed or suggest that you have a hearing problem?

(8) Does any problem or difficulty with your hearing worry, annoy or upset you?

(9) How often does your hearing negatively affect your enjoyment of life?

(10) If you are using a hearing aid: On an average day, how many hours did you use your hearing aids?

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%)

Hours _______/16= _______%

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Score: (Q1-9) ________ / (9) ______ -1 ______ x 25 = _______%

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

-1x25= D % H % Q %