Self Assessment of Communication (SAC)

Name:_____ Date:_____

Instructions: The purpose of this form is to identify the problems a hearing loss may be causing you. If you have a hearing aid, please fill out the form 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
2.	Do you experience communication difficulties while watching TV and in various types of entertainment? (movies, radio, plays, night clubs, musical instruments, etc.)	1	2	3	4	5
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
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
5.	How often do you experience communication difficulties in the situation where you most want to hear better? **Situation** _____	1	2	3	4	5
6.	Do you feel that any difficulty with hearing negatively affects or hampers your personal or social life?	1	2	3	4	5
7.	Do you feel that any problem or difficulty with your hearing worries, annoys, or upsets you?	1	2	3	4	5
8.	Do you or others seem to be concerned or annoyed that you have a hearing problem?	1	2	3	4	5
9.	How often does hearing loss negatively affect your enjoyment of life?	1	2	3	4	5

10. If you are using a hearing aid: On an average day, how many hours did you use the hearing aids?
Hours _____ /16 = _____%

Please rate what you feel is your overall satisfaction with the hearing aids.

1. ❑ not at all satisfied (0%) **2.** ❑ slightly satisfied (25%) **3.** ❑ moderately satisfied (50%)

4. ❑ mostly satisfied (75%) **5.** ❑ very satisfied (100%)

6425 Flying Cloud Dr. Eden Prairie, MN 55344 • **(800) 328-8602** • www.starkey.com

Self Assessment of Communication (SAC)

FOR OFFICE USE ONLY

- ❑ Pre-Assessment
- ❑ Post-Assessment
- ❑ Not currently using Hearing Aid
- ❑ Current Hearing Aid User

FOR OFFICE USE ONLY

Score: (Q1-9) _____ (/9) _____ -1 _____ x25 = _____%

Score (Q1-5)/5 = _____ (Q6-8)/3 = _____ Q9 = _____

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

6425 Flying Cloud Dr. Eden Prairie, MN 55344 • **(800) 328-8602** • www.starkey.com