

ATTACHMENT 1 Self-Assessment of Communication (SAC)

Name _____ Raw Score ____ × 2 = ____ - 20 = ____ × 1.25 ____ %
 Date _____

Please select the appropriate number ranging from 1 to 5 for the following questions. Circle only one number for each question. If you have a hearing aid, please fill out the form according to how you communicate when the hearing aid is not in use.

Disability

Various Communication Situations

1. Do you experience communication difficulties in situations when speaking with one other person? (for example, at home, at work, in a social situation, with a waitress, a store clerk, with a spouse, boss, etc.)
 1) almost never (or never) 2) occasionally (about 1/4 of the time) 3) about half of the time 4) frequently (about 3/4 of the time) 5) practically always (or always)
2. Do you experience communication difficulties in situations when conversing with a small group of several persons? (for example, with friends or family, co-workers, in meetings or casual conversations, over dinner or while playing cards, etc.)
 1) almost never (or never) 2) occasionally (about 1/4 of the time) 3) about half of the time 4) frequently (about 3/4 of the time) 5) practically always (or always)
3. Do you experience communication difficulties while listening to someone speak to a large group? (for example, at a church or in a civic meeting, in a fraternal or women's club, at an educational lecture, etc.)
 1) almost never (or never) 2) occasionally (about 1/4 of the time) 3) about half of the time 4) frequently (about 3/4 of the time) 5) practically always (or always)
4. Do you experience communication difficulties while participating in various types of entertainment? (for example, movies, TV, radio, plays, night clubs, musical entertainment, etc.)
 1) almost never (or never) 2) occasionally (about 1/4 of the time) 3) about half of the time 4) frequently (about 3/4 of the time) 5) practically always (or always)
5. Do you experience communication difficulties when you are in an unfavorable listening environment? (for example, 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) almost never (or never) 2) occasionally (about 1/4 of the time) 3) about half of the time 4) frequently (about 3/4 of the time) 5) practically always (or always)
6. Do you experience communication difficulties when using or listening to various communication devices? (for example, telephone, telephone ring, doorbell, public address system, warning signals, alarms, etc.)
 1) almost never (or never) 2) occasionally (about 1/4 of the time) 3) about half of the time 4) frequently (about 3/4 of the time) 5) practically always (or always)

Handicap

Feelings About Communication

7. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?
 1) almost never (or never) 2) occasionally (about 1/4 of the time) 3) about half of the time 4) frequently (about 3/4 of the time) 5) practically always (or always)
8. Does any problem or difficulty with your hearing upset you?
 1) almost never (or never) 2) occasionally (about 1/4 of the time) 3) about half of the time 4) frequently (about 3/4 of the time) 5) practically always (or always)

Handicap

Other people

9. Do others suggest that you have a hearing problem?
 1) almost never (or never) 2) occasionally (about 1/4 of the time) 3) about half of the time 4) frequently (about 3/4 of the time) 5) practically always (or always)
10. Do others leave you out of conversations or become annoyed because of your hearing?
 1) almost never (or never) 2) occasionally (about 1/4 of the time) 3) about half of the time 4) frequently (about 3/4 of the time) 5) practically always (or always)