

eAppendix 1 Self-Assessment of Communication (SAC)*

Name: _____

Date: _____

Raw Score _____ x 2 = _____ - 20 _____ x 1.25 _____ %

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.

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.)

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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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.)

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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3. Do you experience communication difficulties while listening to someone speak to a large group? (for example, at church or in a civic meeting, in a fraternal or women's club, at an educational lecture, etc.)

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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4. Do you experience communication difficulties while participating in various types of entertainment? (for example, movies, TV, radio, plays, night clubs, musical entertainment, etc.)

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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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.)

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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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.)

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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Feelings About Communication

7. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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8. Does any problem or difficulty with your hearing upset you?

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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Other People

9. Do others suggest that you have a hearing problem?

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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10. Do others leave you out of conversations or become annoyed because of your hearing?

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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*Used with permission from Schow RL, Nerbonne MA. Communication screening profile: use with elderly clients. *Ear Hear* (the official journal of the American Auditory Society). 1982;3(3):135-147.

eAppendix 2 Significant Other Assessment of Communication (SOAC)*

Name: _____

Form filled out with reference to: _____ (client/patient)

Relationship to the client/patient: _____ (for example, wife, son, friend)

Date: _____ Raw Score _____ x 2 = _____ - 20 _____ x 1.25
_____ %

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.

Various Communication Situations

1. Does he/she 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.)

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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2. Does he/she 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.)

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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3. Does he/she experience communication difficulties while listening to someone speak to a large group? (for example, at church or in a civic meeting, in a fraternal or women's club, at an educational lecture, etc.)

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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4. Does he/she you experience communication difficulties while participating in various types of entertainment? (for example, movies, TV, radio, plays, night clubs, musical entertainment, etc.)

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always)
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(5)

5. Does he/she you experience communication difficulties when 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.)

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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6. Does he/she 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.)

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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Feelings About Communication

7. Do you feel that any difficulty with his/her hearing limits or hampers his/her personal or social life?

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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8. Does any problem or difficulty with his/her hearing visibly upset them?

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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Other People

9. Do you or others suggest that he/she has a hearing problem?

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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10. Do you or others leave him/her out of conversations or become annoyed because of his/her hearing?

Almost Never (or never) (1)	Occasionally (about ¼ of the time) (2)	About half of the time (3)	Frequently (about ¾ of the time) (4)	Practically Always (or always) (5)
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eAppendix 3 Questions from the Self-Assessment of Communication—Adolescent (SAC-A)*

1 = almost never, 2 = occasionally, 3 = about half the time, 4 = frequently, 5 = almost always

Please select the appropriate number to answer the following questions:

1. Do you experience communication difficulties in situations when speaking with only one other person? (for example, when talking to: a teacher or classmate; a clerk at a store; a server at a restaurant; a coworker or your boss; someone providing information/directions, etc.)
2. Do you experience communication difficulties when talking with a small group of people? (for example, during holidays or other family gatherings; in language or science labs or in small group discussions; while driving or riding in a car; during extracurricular activities like sports, clubs, etc.)
3. Do you experience communication difficulties when listening to someone speak to a large group? (for example, during class discussions or school assemblies; when taking notes in school; in a house of worship, etc.)
4. Do you experience communication difficulties while participating in various types of entertainment? (for example, movies, TV, radio/CDs, musical entertainment, plays, shopping, talking with friends, etc.)
5. Do you experience communication difficulties in situations when other people could also have trouble hearing? (for example, at a noisy party; when there is background noise/music; when someone whispers or is soft-spoken; when someone talks while moving around, from a great distance or outdoors; in the hallways at school before, after or in between classes; in the cafeteria or gym, etc.)
6. Do you experience communication difficulties when using or listening to various communication devices? (for example, telephone; telephone ringing; doorbell; radio; PA system at school; alarms; computer, etc.)
7. Does your hearing loss interfere with your social life?

8. Does any problem or difficulty with your hearing loss upset you?
9. Does the hearing loss keep you from doing things that might be fun?
10. Do other people ever notice that you have a hearing loss?
11. Do you feel left out of conversations or do other people become frustrated when talking to you because of hearing problems?
12. Do people get a wrong impression when they first meet you because of hearing problems?

*Used with permission from Elkayam J, English K. Counseling adolescents with hearing loss with the use of self-assessment/significant other questionnaires. *J Am Acad Audiol.* 2003;14(9):485-99. © Georg Thieme Verlag KG.

eAppendix 4 Questions from the Significant Other Assessment of Communication—Adolescent (Soac-A)*

1 = almost never, 2 = occasionally, 3 = about half the time, 4 = frequently, 5 = almost always

Please select the appropriate number to answer the following questions:

1. Does your friend experience communication difficulty when speaking with only one other person? (for example, when talking to: a teacher or classmate; a clerk at a store; a server at a restaurant; a co-worker or boss; someone providing information/directions, etc.)
2. Does your friend experience communication difficulty when talking with a small group of people? (for example, during holidays or other family gatherings; in language or science labs or in small group discussions; while driving or riding in a car; during extracurricular activities like sports, clubs, etc.)
3. Does your friend experience communication difficulty when listening to someone speak to a large group? (for example, during class discussions or school assemblies; when taking notes in school; in a house of worship, etc.)
4. Does your friend experience communication difficulty when participating in various types of entertainment? (for example, movies, TV, radio/CDs, musical entertainment, plays, shopping, talking with a group of friends, etc.)
5. Does your friend experience communication difficulty in situations when other people could also have trouble hearing? (for example, at a noisy party; when there is background noise/music; when someone whispers or is soft-spoken; when someone talks while moving around, from a great distance or outdoors; in the hallways at school before, after or between classes; in the cafeteria or gym, etc.)
6. Does your friend experience communication difficulty when using or listening to various communication devices? (for example, telephone; telephone ringing; doorbell; PA system at school; alarms; computer, etc.)
7. Does the hearing loss interfere with your friend's social life?

8. Does any problem or difficulty with hearing upset your friend?
9. Does the hearing loss keep your friend from doing things that might be fun?
10. Do other people notice that your friend has a hearing loss?
11. Is your friend left out of conversations, or do people become frustrated trying to communicate with your friend because of hearing problems?
12. Do people get a wrong impression when they first meet your friend because of hearing problems?

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