

SELF ASSESSMENT OF COMMUNICATION-ADOLESCENT (SAC-A)*

Judy Elkayam, Au.D. and Kris English, Ph.D.

The purpose of this questionnaire is to identify problems you may be having because of your hearing loss. We will talk about your answers. That conversation may help us understand the effect the hearing loss is having on you. It may also give us ideas to help you manage those problems. The information you give will not affect your grades in school.

Please circle the most appropriate answer for each of the following questions. Select only one answer for each question. If you usually use hearing aids or cochlear implants, answer each question in a way that describes your experiences with the technology on. If you do **not** usually use hearing aids or cochlear implants, answer each question in a way that describes your experiences without the technology.

Student Name _____ Date _____

Technology Use

I usually do/do not use hearing aid(s)

I usually do/do not use cochlear implant(s)

Hearing and Understanding at Different Times

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|---|------------------|------------------|-------------------------|----------------|-------------------|
| 1. Is it hard for you to hear or understand when talking with only one other person? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 2. Is it hard for you to hear or understand when talking with a group of people? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 3. Is it hard for you to hear or understand TV, the radio or CDs? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 4. Is it hard for you to hear or understand if there is noise or music in the background, or other people are talking at the same time? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 5. Is it hard for you to hear or understand in your classes? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 6. Do you hear better when using your hearing aids or cochlear implants? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
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Feelings about Communication

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|---|------------------|------------------|-------------------------|----------------|-------------------|
| 7. Do you feel left out of conversations because it's hard to hear? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 8. Does anything about your hearing loss upset you? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 9. Do you feel different from other kids when you are wearing your hearing aids or cochlear implants? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
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Other People

- | | | | | | |
|---|------------------|------------------|-------------------------|----------------|-------------------|
| 10. Do strangers or people you don't know well notice that you have a hearing loss? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 11. Do other people become frustrated when they talk to you because of your hearing loss? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 12. Do people treat you differently when you wear your hearing aids or cochlear implants? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |