



## SIGNIFICANT OTHER ASSESSMENT OF COMMUNICATION (SOAC)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Significant Other Completing Assessment: \_\_\_\_\_ Relationship: \_\_\_\_\_

Instructions: Fill out this form to identify any problems a hearing loss is causing your significant other/family member. If they wear a hearing aid(s), fill out the form based on how they communicate with the hearing aid(s) in their ear(s). Use the following descriptions to answer the statements.

**(1) Never (2) Occasionally (3) About half the time (4) Frequently (5) Always**

1. Do they experience communication difficulties in situations when speaking with ONE other person?  
(at home, work, social situations)  1  2  3  4  5
2. Do they experience communication difficulties while watching TV or other types of entertainment?  
(movies, radio, plays)  1  2  3  4  5
3. Do they experience communication difficulties in situations when conversing with a small group or several persons?  
(meetings, over dinner)  1  2  3  4  5
4. Do they experience communication difficulties when they are in an unfavorable listening environment? (noisy party, in a car, restaurant)  1  2  3  4  5
5. How often do they experience communication difficulties in situations where it's necessary to hear their best?  
Situation: \_\_\_\_\_  1  2  3  4  5
6. Do they experience difficulty in hearing soft, medium and loud environmental sounds appropriately?  
(telephone, doorbell, horns, alarms)  1  2  3  4  5
7. Do you feel that any difficulty with hearing negatively affects or hampers their personal life or social life?  1  2  3  4  5
8. Do you feel that any problem or difficulty with hearing worries, annoys or upsets them?  1  2  3  4  5
9. Do you or others seem to be concerned or annoyed that they have a hearing problem?  1  2  3  4  5
10. How often does hearing loss negatively affect their enjoyment of life?  1  2  3  4  5
11. If they are using a hearing aid(s): On an average day, how many hours do they use their hearing aid(s)? \_\_\_\_\_ Hours

**What is your overall satisfaction with your significant other's hearing aid(s)?**

1. Not satisfied  2. Slightly satisfied  3. Moderately satisfied  4. Mostly satisfied  5. Very satisfied