

University of Arizona Hearing Clinic  
**Significant Other Assessment of Communication (SOAC)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Person with Hearing Loss: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Instructions:** The purpose of this form is to identify the problems a hearing loss may be causing your significant other. If the patient has a hearing aid, please fill out the form according to how he/she communicates **when the hearing aids are NOT in use**. One of the five descriptions on the right should be assigned to each of the statements below.

- 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)

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) Does he/she 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.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(2) Does he/she experience communication difficulties while watching TV and in various types of entertainment? (movies, radio, plays, night clubs, musical instruments, etc.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
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(3) Does he/she 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.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(4) Does he/she experience communication difficulties when he/she 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.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(5) Name a situation where he/she experiences communication difficulties where he/she would most want to hear better. How often does this occur? <b>Situation</b> _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(6) Do you feel that any difficulty with hearing negatively affects or hampers his/her personal or social life?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(7) Do you feel that any problem or difficulty with his/her hearing worries, annoys, or upsets him/her?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
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(8) Do you or others seem to be concerned or annoyed that he/she has a hearing problem?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
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(9) How often does hearing loss negatively affect his/her enjoyment of life?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
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(10) If he/she is using a hearing aid: On an average day, how many hours does he/she use the hearing aids? Hours \_\_\_\_\_ /16 = \_\_\_\_\_%

**Please rate what you feel is his/her 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%)

University of Arizona Hearing Clinic  
**Significant Other Assessment of Communication (SOAC)**

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 = \_\_\_\_\_%