

# **SIGNIFICANT OTHER ASSESSMENT OF COMMUNICATION-ADOLESCENT (SOAC-A)\***

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

The purpose of this questionnaire is to identify the problems your friend may be having because of a hearing loss. Your friend and I will review your answers and compare them to the answers your friend gave on a similar questionnaire. Some of the things your friend and I talk about may help us understand the effect the hearing loss is having. Our discussion may result in new ways to help your friend manage the problems caused by the hearing loss. The information you give us will not affect your friend's grades in school.

**Please circle the most appropriate answer for each of the following questions. Select only one answer for each question.**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

## **Hearing and Understanding at Different Times**

- |   |                  |                  |                         |                |                   |
|---|------------------|------------------|-------------------------|----------------|-------------------|
| 1. Is it hard for your friend 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 your friend 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 your friend 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 your friend 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 your friend to hear or understand in class?   | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 6. Does your friend hear better when using hearing aids or cochlear implants?   | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |

## **Feelings about Communication**

- |  |                  |                  |                         |                |                   |
|--|------------------|------------------|-------------------------|----------------|-------------------|
| 7. Does your friend 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 his/her hearing loss upset your friend?   | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 9. Does your friend feel different from other kids when wearing his/her hearing aids or cochlear implants? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |

## **Other People**

- |   |                  |                  |                         |                |                   |
|---|------------------|------------------|-------------------------|----------------|-------------------|
| 10. Do strangers or people your friend doesn't know well notice that your friend has 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 your friend because of his/her hearing loss?          | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |
| 12. Do people treat your friend differently when your friend wears his/her hearing aids or cochlear implants? | 1 = almost never | 2 = occasionally | 3 = about half the time | 4 = frequently | 5 = almost always |