

## Auditory Performance and Satisfaction Scale for Single-Sided Deafness (APS-SSD)

(Modified version based on Schafer et al. 2013 & Snapp H. 2017)

### User Experience

**Instructions:** Rate your level of difficulty in each listening condition indicated. Please make your judgment using the following response choices, and CIRCLE a number for each scale item. Please select Not Applicable (N/A) for any situations that do not apply to your daily use.

Subject ID: \_\_\_\_\_ Today's date: \_\_\_\_\_

Listening condition/Phase: \_\_\_\_\_

		N/A	Can Function Fine	Slight Difficulty	Less Difficulty	Some Difficulty	Considerable Difficulty	Significant Difficulty	Cannot Function At All
<b>Hearing at Home</b>									
1. Hearing someone facing you in a quiet environment	<input type="checkbox"/>		0	1	2	3	4	5	6
2. Hearing someone speaking on the side of your poor ear in a quiet environment	<input type="checkbox"/>		0	1	2	3	4	5	6
3. Hearing someone facing you when it is noisy (e.g., TV on, dishwasher on, etc.)	<input type="checkbox"/>		0	1	2	3	4	5	6
4. Hearing someone on the side of your poor ear when it is noisy	<input type="checkbox"/>		0	1	2	3	4	5	6
5. Hearing multiple people in a quiet environment when you are facing the primary talkers	<input type="checkbox"/>		0	1	2	3	4	5	6
6. Hearing multiple people in a quiet environment when the primary talkers are on the side of your poor ear	<input type="checkbox"/>		0	1	2	3	4	5	6
7. Hearing multiple people in noisy situations when you are facing the primary talkers	<input type="checkbox"/>		0	1	2	3	4	5	6
8. Hearing multiple people in noisy situations when the primary talkers are on the side of your poor ear	<input type="checkbox"/>		0	1	2	3	4	5	6
9. Hearing family/friends around the dinner table	<input type="checkbox"/>		0	1	2	3	4	5	6
10. Hearing the television	<input type="checkbox"/>		0	1	2	3	4	5	6

Subject ID: \_\_\_\_\_ Today's date: \_\_\_\_\_

Listening condition: \_\_\_\_\_

	N/A	Can Function Fine	Slight Difficulty	Less Difficulty	Some Difficulty	Considerable Difficulty	Significant Difficulty	Cannot Function At All
<b>Hearing at Work or School</b>								
11. Hearing someone facing you in noisy situations, such as busy hallways or lunchrooms	<input type="checkbox"/>	0	1	2	3	4	5	6
12. Hearing someone on the side of your poor ear in noise	<input type="checkbox"/>	0	1	2	3	4	5	6
13. Hearing during small groups or meetings in noise where the primary teachers/talkers are facing you and close by (3 feet/1 meter)	<input type="checkbox"/>	0	1	2	3	4	5	6
14. Hearing during small groups or meetings in noise where the teachers/talkers are on your poor side and close by (3 feet/ 1 meter)	<input type="checkbox"/>	0	1	2	3	4	5	6
15. Hearing in large groups or meetings in noise where the primary teachers/talkers are far away (i.e., 8 to 12 feet/2.5m to 3.5m)	<input type="checkbox"/>	0	1	2	3	4	5	6
16. Understanding multiple talkers all around you in quiet	<input type="checkbox"/>	0	1	2	3	4	5	6
17. Understanding multiple talkers all around you in noise	<input type="checkbox"/>	0	1	2	3	4	5	6
18. Communicating with students/coworkers in quiet situations	<input type="checkbox"/>	0	1	2	3	4	5	6
19. Audiovisual presentations	<input type="checkbox"/>	0	1	2	3	4	5	6
<b>Hearing in Social Situations</b>								
20. Large family gatherings with multiple talkers around you	<input type="checkbox"/>	0	1	2	3	4	5	6
21. Conversation with someone facing you in a noisy restaurant	<input type="checkbox"/>	0	1	2	3	4	5	6
22. Conversation with someone seated on the side of your poor ear in a noisy restaurant	<input type="checkbox"/>	0	1	2	3	4	5	6
23. Hearing someone facing you at a party	<input type="checkbox"/>	0	1	2	3	4	5	6
24. Hearing someone on the side of your poor ear at a party	<input type="checkbox"/>	0	1	2	3	4	5	6
25. Hearing in a large grocery store	<input type="checkbox"/>	0	1	2	3	4	5	6
26. Communicating in the car when the person is closest to your poor ear	<input type="checkbox"/>	0	1	2	3	4	5	6

**Instructions:** Rate the following statements based on your listening experience. Please make your judgment using the following response choices, and CIRCLE a number for each scale item. Please select Not Applicable (N/A) for any statement that do not apply to your daily experience.

Subject ID: _____ Today's date: _____		Listening condition: _____							
		N/A	Strongly Agree	Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Disagree	Strongly Disagree
<b>In general</b>									
27. Do not rely on watching a speaker's face during conversations	<input type="checkbox"/>	0	1	2	3	4	5	6	
28. Feeling confident in your ability to follow conversations in louder environments	<input type="checkbox"/>	0	1	2	3	4	5	6	
29. Do not worry about where to sit during work or personal encounters	<input type="checkbox"/>	0	1	2	3	4	5	6	
30. Feeling confident in new listening situations	<input type="checkbox"/>	0	1	2	3	4	5	6	
31. Do not experience mental fatigue	<input type="checkbox"/>	0	1	2	3	4	5	6	

**Comments :**

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