

**Self Evaluation of Listening Function (SELF)**

Child's Name:			D.O.B.		Sex:		
			Examiner:		Date:		
			Frequency of reported behaviour				
Pre-interview questions:			Never	Seldom	Sometimes	Often	Always
1.	Use of hearing aids/cochlear implants		0	1	2	3	4
2.	Are you upset by loud sounds?		4	3	2	1	0
SELF items:							
No	Scale	Item	Never 0 %	Seldom 25%	Sometimes 50%	Often 75%	Always >75%
3	Q	Follow verbal instructions in quiet	0	1	2	3	4
4	Q	Follow a story read aloud	0	1	2	3	4
5	Q	In school, participate in conversation in quiet	0	1	2	3	4
6	N	In school, participate in conversation in noise	0	1	2	3	4
7	N	Follow verbal instructions in noise	0	1	2	3	4
8	Q	At home, participate in conversation with family in quiet	0	1	2	3	4
9	N	Participate in conversation in noise	0	1	2	3	4
10	N	Participate in conversation in transport	0	1	2	3	4
11	Q	Recognise voice of familiar persons	0	1	2	3	4
12	N	Recognise sounds in the environment	0	1	2	3	4

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QUIET subscale score: $(3+4+5+8+11)/20*100$	
Noise subscale score: $(6+7+9+10+12)/20*100$	
Overall SELF score: Add all scores/40*100	