

Self-advocacy strengths and weaknesses assessment

Use this handout to discover your self-advocacy strengths and weaknesses. Use the worksheet below to calculate and analyze your results from the self-advocacy strengths and weaknesses assessment on page two.

WORKSHEET

Number of "Unsure"	_____	x 0 =	<input type="text"/>
Number of "Never"	_____	x 1 =	<input type="text"/>
Number of "Sometimes"	_____	x 2 =	<input type="text"/>
Number of "Always"	_____	x 3 =	<input type="text"/>
Add up the amounts from every line:			<input type="text"/>

If your score is between 0 and 14,

your self-advocacy skills could improve. We recommend you talk to your audiologist about the areas that are troublesome for you – especially the areas you selected as "never" or "sometimes." Also, visit the **Self-advocacy** section of the website to learn more.

If your score is between 15 and 18,

you have a strong grasp of self-advocacy skills! You "always" or "sometimes" use most of the optimal self-advocacy skills. Remember to frequently reassess your skills, as your needs may change. Continue to learn more at the **Self-advocacy** section of the website.

To what extent...	Always	Sometimes	Never	Unsure	Notes
Are you able to explain your hearing loss and the limitations of your cochlear implant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to effectively communicate and negotiate your hearing needs in conversations (e.g. request communication partner to speak slower)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to effectively communicate and negotiate your hearing needs in a workplace or volunteer setting (e.g. request accommodations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to effectively communicate and negotiate your hearing needs in a health care setting (e.g. request written information after appointment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to effectively communicate and negotiate your hearing needs in other settings (e.g. airplanes, hotels, music venues, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to effectively communicate and negotiate your legal rights as an adult with a cochlear implant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	