**Rochester Hearing and Speech Center**

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**Central Auditory Processing Questionnaire: Adult Version**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following information will allow us to better understand your listening related difficulties. Thank you for your time in completing this questionnaire.

1. Who recommended this evaluation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2a. Please identify your main concerns regarding your listening related difficulties.

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2b. Since when have these difficulties been apparent?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2c. Do these difficulties become worse in the presence of noise? **Yes No**

1. How much of the time do you watch the talker’s face? (circle) **Never Sometimes Always**

**1.** **Auditory Processing Profile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please indicate the extent to which you:***

 **Never Sometimes Always**

1. Say “huh” or “what” N S A
2. Have difficulty understanding verbal instructions N S A
3. Process information slowly N S A

4. Have difficulty responding accurately to questions N S A

1. Have difficulty following directions N S A

6. Have difficulty with organization N S A

7. Forget what has been said N S A

8. Mix up sounds N S A

9. Have difficulty listening when noise is present N S A

10. Have difficulty listening to someone speaks quickly N S A

**Central Auditory Processing Questionnaire: Adult Version**

**2. Social Profile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Please indicate your difficulty with the following:***

 **Never Sometimes Always**

1. Inattentive N S A
2. Impulsive N S A
3. Exhibits restless/excessive physical movement N S A

4. Easily frustrated N S A

5. Give up easily N S A

6. Easily fatigued N S A

**3. Academic Profile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***In school, do (did) you have problems in any of the following areas?***

 **No Some Much**

 **Difficulty Difficulty Difficulty**

1. Processing information presented N S M
2. Retaining information presented N S M
3. Spelling N S M
4. Reading N S M

5. Writing (content, order, grammar) N S M

6. Math (word problems) N S M

7. Math (numerical content) N S M

8. Completing tasks in a timely/effective manner N S M

9. Is there a family history of processing or learning difficulties, and if so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have any other concerns or would like to elaborate on any of the above items, please write your comments below:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**