



AUDITORY PROCESSING QUESTIONNAIRE

Name:

Date:

INSTRUCTIONS: Please answer the following questions. If you need more space for your answer, please continue on a separate sheet.

1. Is there a history of ear infections? Yes / No

If yes, when were the infections?

How many where there?

How were they treated?

What were the typical symptoms?

Was there a hearing assessment completed after the infection? Please specify where and when.

If yes, what were the results?

2. Are there any allergies? Yes / No

If yes, please specify:

3. Are noisy settings tolerated well? Yes / No

If no, please specify:

4. Are directions or the contents of conversations frequently misheard or misinterpreted? Yes / No

If yes, please specify:



5. Are directions often difficult to follow? Please explain.

6. Does listening to lengthy or challenging auditory information lead to confusion?

7. Is it easy to become distracted when involved in listening activities?

8. Are small-group or one-to-one activities preferred over larger-group settings?

9. What school subjects, if any, are enjoyable?

What school subjects, if any, are challenging?

10. Please circle which side is dominant when engaged in:

| | |
|---------------------------|---------------------------|
| Writing | Right / Left / Don't know |
| Racquet/bat sports | Right / Left / Don't know |
| Kicking | Right / Left / Don't know |
| Vision | Right / Left / Don't know |

11. How are social relationships?

12. Are there any other diagnoses?

13. Is there any other information that would be helpful to know?