ADULT AUDITORY PROCESSING QUESTIONNAIRE

The Proponent Agency is MCXC-DOS-OT

Name: _____ Date: _____

1. Do you have difficulty following conversation in noise?	☐ Yes	☐ No
2. Do you appreciate music?	☐ Yes	☐ No
3. Has your appreciation of music changed?	☐ Yes	☐ No
4. Do you have difficulty understanding in a reverberant room?	☐ Yes	☐ No
5. Do you have difficulty understanding when talking on the phone?	☐ Yes	☐ No
6. Do you have difficulty following directions?	☐ Yes	☐ No
7. Do you have difficulty following long conversations?	☐ Yes	☐ No
8. Do you have difficulty taking notes?	☐ Yes	☐ No
9. Do you have difficulty learning a foreign language?	☐ Yes	☐ No
10. Do you have difficulty learning new terminology?	☐ Yes	☐ No
11. Do you have difficulty "reading" social cues?	☐ Yes	☐ No
12. Do you have difficulty with spelling or reading?	☐ Yes	☐ No
13. Do you have difficulty understanding rapid talkers?	☐ Yes	☐ No
14. Do you have difficulty localizing sounds?	☐ Yes	☐ No
15. Are you clumsy?	☐ Yes	☐ No
16. Do you have mood swings?	☐ Yes	☐ No
17. Have you had a sudden change in vision?	☐ Yes	☐ No
18. Have you been diagnosed with Traumatic Brain Injury (TBI)?	☐ Yes	☐ No
19. Do you / did you suffer form ear infections?	☐ Yes	☐ No
20. Have you had multiple concussions?	☐ Yes	☐ No
21. Do you suffer from migraines?	☐ Yes	☐ No
22. Have you been exposed to multiple near field blasts?	☐ Yes	☐ No
23. Have you been exposed to overpressure?	☐ Yes	☐ No
24. Do you have tinnitus (sound that is present for 5+ minutes)?	☐ Yes	☐ No
25. Do you have any memory or cognitive impairment? Explain?	☐ Yes	☐ No

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26. How long have you had the issues marked as yes?

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27. Please list any syndromes or diagnosis received that affected your education(dyslexia, language disorder, learning disability etc.)

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28. If you have dizziness please describe it (when it occurs, how long it lasts, what it feels like etc.)

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