

ADULT AUDITORY PROCESSING QUESTIONNAIRE

The information you provide in this questionnaire will help us assess your auditory processing capabilities. Please fill out this form, answering questions as completely as possible. If there are any items you do not fully understand, discuss them with the audiologist during the appointment.

IDENTIFYING INFORMATION

Name: _____

Date of Birth: _____

Sex: _____ Age: _____

Address: _____

Phone: _____

REASON FOR TESTING

- Hearing
- Speech/Language difficulties
- Attention difficulties
- Other _____

BIRTH HISTORY	Yes	No		Yes	No
Prenatal Problems			Cytomegalovirus		
Prenatal Alcohol/Drug Exposure			Rubella		
Premature Birth			Blood transfusion		
Blood incompatibility			Meningitis		
Toxoplasmosis			Herpes		

MEDICAL HISTORY	Yes	No	Description
Current Medical Conditions			
Taking Medications			
Head Injuries			
Convulsions			
Headaches			
Serious Infections			
Other brain/spinal problems			
Surgeries			

HEARING AND EAR HISTORY	Description
Do you think your hearing is poor?	
Do you hear noises in your ears (i.e ringing, humming, buzzing)?	
Do you experience dizziness (i.e. imbalance, lightheadedness, spinning)?	
Do you experience ear infections? Did you as a child?	
Have you ever had surgery on your ears?	
Do you use hearing aids?	

PREVIOUS EXAMS	Where	Date	Results
Hearing Test			
Speech/Language			
Neurological (EEG)			
Psychological			
CT Scan or MRI			

FAMILY HISTORY	Description
Neurological Diseases	
Learning Difficulties	
Hereditary Illness	
Ear/Hearing	

SOCIAL/EMOTIONAL	Yes	No		Yes	No
Difficulty understanding TV programs?			Difficulties with time concepts?		
Sensitivity to loud sounds?			Confused in Noisy situations?		
Difficulty localizing sound?			Mix up sounds?		
Difficulty following directions?			Restless?		
Easily distracted?			Need the room to be quiet to concentrate?		
Forgetful?			Short Attention Span?		
Easily Frustrated?					

- Please list the individuals you would like a copy of the report to go to including yourself:

1. _____
2. _____
3. _____
4. _____

- Are you right or left-handed? _____

Thank you for your time and effort filling out this questionnaire.

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