

# Potomac Audiology

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## Auditory Processing Survey

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Date: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_

Gender:  Female  Male

Handedness:  Right  Left

**For the following statements, please indicate how frequently your child exhibits the problems.**

<b>Does the child:</b>	1 Always	2 Generally	3 Occasionally	4 Seldom	5 Never
1. Have difficulty <b>hearing</b> in background noise (Sounds at school/home are not heard above the level of background noise.)					
2. Have difficulty <b>understanding</b> in background noise. (The sounds are heard but misunderstood or the child responds incorrectly.)					
3. Have trouble paying attention to <b>spoken</b> instructions at home or school. (Misinterprets or needs repetition of message to accomplish task.)					
4. Have difficulty <b>discriminating</b> between speech sounds. (Misinterprets speech such that words that sound the same are mistaken for the intended word: for example: back/bat.)					

5. Have difficulty <b>identifying</b> speech sounds. (Cannot identify intended speech sounds - appears to miss part of or the whole word.)					
6. Respond <b>inconsistently</b> to speech and other auditory sounds. (Appears not to hear sounds in various listening situations - a direct question will receive a non-related answer.)					
7. Show <b>inconsistent attention</b> to auditory information. (Inability to attend to auditory tasks; is distractible.)					
8. Seem <b>uncertain</b> about what is heard; needs extra time to process what is heard. (Will be hesitant to respond at home or school based on what is heard.)					
9. Have trouble following <b>fast speech</b> or recordings. (Difficulty understanding conversations or other communications when the talker speaks quickly.)					
10. Have difficulty following <b>muffled</b> or distorted speech. (Cannot understand recorded speech or has problems hearing on the telephone, from the computer, etc.)					
11. Have difficulty remembering <b>spoken</b> information or following <b>multi-step</b> instructions. (Cannot repeat words, numbers or sentences after hearing them.)					
<b>Please check and describe all that apply to your child:</b>					
	<b>YES</b>	<b>NO</b>	<b>Don't know</b>		
Complicated birth history <u>Describe:</u>					
History of ear infections/problems (now or previously) <u>Describe:</u>					

<u>Hearing Loss</u> <u>Describe:</u>					
Food or medication allergies <u>Describe:</u>					
Over sensitivity to moderate or loud sounds <u>Describe:</u>					
Reading problems <u>Describe:</u>					
Diagnosed learning disability <u>Describe:</u>					
History of speech or language problems <u>Describe:</u>					
Family history of speech, language or reading problems <u>Describe:</u>					
Low academic performance <u>Describe:</u>					