



OBSERVATIONS OF AUDITORY PROCESSING SKILLS

Patient Name:	
Date of Birth:	Age:
Relation to patient, if not filled by self:	

INSTRUCTIONS: Your observations are an important part of the diagnostic process. Please describe your listening behaviours as you see them at home. **Put a check-mark in the box if you think “this describes me”.** Leave blank if you believe “this does NOT describe me”.

- Has trouble listening in noisy settings.
- Is easily distracted from an activity by noise.
- Has trouble following simple directions.
- Has trouble following complex directions.
- Has trouble remembering directions.
- Has trouble listening when tired.
- Has trouble following lengthy conversations.
- Has poor memory for specific information heard like phone numbers, dates, times, or addresses.
- Asks for statements to be repeated or asks “huh?” or “what?” a lot.
- Answers questions with inappropriate answers.
- Has difficulty participating in conversations.
- Has difficulty interpreting abstract information or language.
- Reacts excessively to loud noises.
- Has difficulty spelling.
- Has difficulty reading.
- Has difficulty with writing assignments.
- Is often disorganized.
- Has a speech or language problem.
- Has poor self-esteem.
- Sometimes appears not to hear well.
- Given all the behaviours marked above, how severe would you rate the challenges overall?

No problem at all **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** As bad as it can get

Source: “Symptoms Presented at Home” by D. Kelly (1995),
 Central Auditory Processing Disorder Strategies for Use with Children and Adolescents, p. 91.