



## Central Auditory Processing Disorder (CAPD) Questionnaire for Adults

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

The purpose of this questionnaire is to identify problems you are having that might be a result of CAPD. Please complete all sections.

**Section 1: Have you ever been diagnosed with any of the following?  
Check all that apply and provide details in the spaces provided.**

- Alzheimer's or other dementia \_\_\_\_\_
- Anxiety disorder \_\_\_\_\_
- Attention deficit hyperactivity disorder (ADHD / ADD) \_\_\_\_\_
- Auditory hallucinations \_\_\_\_\_
- Autism, Asperger or other spectrum disorder \_\_\_\_\_
- Bipolar disorder \_\_\_\_\_
- Chronic ear infections (left ear / right ear) \_\_\_\_\_
- Depression \_\_\_\_\_
- Down's syndrome \_\_\_\_\_
- Dyslexia \_\_\_\_\_
- Exposure to toxic chemicals or fumes \_\_\_\_\_
- Head or neck trauma / injury \_\_\_\_\_
- Hearing loss \_\_\_\_\_

\_\_\_\_\_

- Human immunodeficiency virus (HIV / AIDS) \_\_\_\_\_
  - Huntington's disease \_\_\_\_\_
  - Hyperacusis \_\_\_\_\_
  - Hypoxia / anoxia \_\_\_\_\_
  - Lead poisoning \_\_\_\_\_
  - Learning disability (LD) \_\_\_\_\_
  - Lupus \_\_\_\_\_
  - Lyme disease \_\_\_\_\_
  - Memory loss \_\_\_\_\_
  - Migraine \_\_\_\_\_
  - Multiple sclerosis \_\_\_\_\_
  - Parkinson's disease \_\_\_\_\_
  - Rubella or other childhood virus \_\_\_\_\_
  - Schizophrenia \_\_\_\_\_
  - Shingles \_\_\_\_\_
  - Williams syndrome \_\_\_\_\_
  - Other neurologic, cognitive, or sleep disorder \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Section 2: Check all symptoms that you have had within the last year and provide details in the spaces provided.**

- Hearing loss (left ear / right ear) \_\_\_\_\_
- Difficulty hearing when there is background noise or reverberation \_\_\_\_\_  
\_\_\_\_\_
- Difficulty hearing on the telephone (left ear / right ear) \_\_\_\_\_
- Sensitivity to loud and/or sudden noises \_\_\_\_\_
- Difficulty comprehending rapid speech \_\_\_\_\_
- Tinnitus (left ear / right ear) \_\_\_\_\_
- Dizziness, imbalance or vertigo \_\_\_\_\_
- Numbness or tingling in the face \_\_\_\_\_
- Difficulty following long conversations \_\_\_\_\_
- Difficulty learning a foreign language or vocabulary words \_\_\_\_\_
- Difficulty remembering spoken information \_\_\_\_\_
- Difficulty taking notes \_\_\_\_\_
- Difficulty maintaining focus on an activity if other sounds are present \_\_\_\_\_  
\_\_\_\_\_
- Poor organizational skills \_\_\_\_\_
- Forgetful \_\_\_\_\_
- Difficulty following multi-step directions or repeating numbers in sequence \_\_\_\_\_  
\_\_\_\_\_

- Difficulty in directing, sustaining or dividing attention \_\_\_\_\_
- Difficulty with reading and/or spelling \_\_\_\_\_
- Difficulty comprehending abstract or complex information \_\_\_\_\_
- Difficulty interpreting or recalling non-verbal environmental sounds or music \_\_\_\_\_  
\_\_\_\_\_
- Talk louder than necessary \_\_\_\_\_
- Interpret words too literally \_\_\_\_\_
- Difficulty expressing clearly using speech \_\_\_\_\_
- Ignore a speaker especially if preoccupied by something \_\_\_\_\_
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3: List your current medications and dosages, and indicate when you last took each one.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 4: What is your primary symptom or difficulty today?**

\_\_\_\_\_  
\_\_\_\_\_