



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?
