

BIG HORN BASIN HEARING AND SPEECH

1535 Bleistein Avenue, Cody, WY 82414 - 307-527-6475 - bhbhas.com

APD Questionnaire

For parents and teachers of patients ages 7-17

Patient: _____ Date: _____

Date of Birth: _____ Age: _____ Gender: M F Grade: _____

Please rate your child or student's performance on each item below based on your observations. Keep in mind what is "expected" for his or her age.

"Noisy conditions" refers to background noise from sources such as TV, voices, and machinery.

"Listening accurately" means hearing words correctly the first time, without saying "what?" or needing repeats.

Your Child or Student:	Mostly >75%	Often >50%	Sometimes <50%	Rarely <25%
1. Pays attention well when spoken to alone.				
2. Pays attention well when listening with others in quiet places (e.g. classes, meetings)				
3. Pays attention well when listening with others in noisy places (e.g. classes, meetings).				
4. Hears your words accurately (without repeats) when paying attention in quiet places.				
5. Hears your words accurately (without repeats) when paying attention in noisy places.				
6. Takes the time to listen more carefully to important information.				
7. Understands your directions when paying attention in quiet places.				
8. Understands your directions when paying attention in noisy places.				
9. Understands speakers in places with "echo noise" (e.g. gyms, cafeterias, auditoriums with loud-speaker echo).				
10. Understands your conversation while others are talking nearby (e.g. at parties and meals).				
11. Can listen accurately to you while doing something else (e.g. games or chores).				
12. Can listen accurately without visual aids (e.g. not seeing a speaker's face or gestures-not having pictures or illustrations).				
13. Focuses well when doing non-listening tasks (e.g. studying, chores).				
14. Focuses well when listening to stories and presentations.				
15. Understands written instructions (as expected for his or her age).				
16. Tires easily when studying (yawns and fidgets)**				
17. Tires easily when listening (yawns and fidgets) **				

Your Child or Student:	Mostly >75%	Often >50%	Sometimes <50%	Rarely <25%
18. Can explain things fairly well during conversations.				
19. Concentrates on important tasks even when they are not fun or interesting.				
20. Hears words ok when a speaker's back is turned (or is spoken to from behind).				
21. Says "what?" or needs repeats when conversing with interest in quiet places. **				
22. Says "what?" or needs repeats when conversing with interest in noisy places. **				
23. Pays attention to details – avoids careless errors when doing school work.				
24. Understands and uses longer sentences (as expected for his or her age).				
25. Understands and answers your questions promptly in quiet places (when attentive).				
26. Understands and answers your questions promptly in noisy places (when attentive).				
27. Follows spoken directions with steps or sequences (as expected for age).				
28. Organizes tasks and activities to do them on time.				
29. Understands and uses slang expressions common for his or her age.				
30. Loses or forgets to do things - is absent minded. **				
31. Understands speakers who say words less clearly (e.g. rapid or mumbled speech, foreign accents).				
32. Understands soft spoken or high voiced speakers.				
33. Listens accurately on the telephone without needing information repeated.				
34. Can listen accurately to speakers from 6 feet away (when sitting or standing together).				
35. Mishears and confuses similar sounding words (e.g. "fifty" and "fifteen", "thirsty" and "Thursday", "ships" and "chips" etc.). **				
36. Remembers and uses new words correctly (as expected for age).				
37. Can spell new words correctly by sounding them out (e.g. "batter" not "badder").				
38. Can read new words correctly by sounding them out (as expected for age).				
39. Reads and understand stories at a rate that is ok. (as expected for age)				
40. Controls impulses and activity levels to avoid annoying or unsafe actions.				

Your Child or Student:	Mostly >75%	Often >50%	Sometimes <50%	Rarely <25%
41. Remembers details of spoken directions or requests (without needing repeats a short time later).				
42. Learns things by listening without a strong need for more visual or hands on instruction.				
43. Follows the right pitch and rhythm patterns when humming, drumming, and clapping with others.				
44. Varies his or her own speaking voice for emphasis, clarity, and pleasantness.				
45. Notices how things were said when interpreting comments and following directions (e.g. tone of voice, emphasized words etc.)				
46. Understands what is said without needing more simple words.				
47. Hears ok without needing to make things louder (e.g. turning up the TV, sitting closer etc.).				
48. Talks easily and smoothly for his or her age (without many “ahs” or pauses).				
49. Understands conversations & instructions without major noise controls (e.g. turning off the TV, closing windows, moving closer).				
50. Understands speakers without needing slower or more distinct speech.				

5. Person completing questionnaire: (a) Mother, (b) Father (c) other family member (d) teacher (e) other

6. Is the language of instruction in child’s school child’s first language at home? Yes / No

7. Father’s years of school completed: _____

8. Mother’s years of school completed: _____

9. Please rate your concern level about this child’s listening skills: (a) None (b) Mild (c) Moderate (d) High

10. Please rate how often this child is overly sensitive to loud sounds and noisy places (stresses!)

(a) Rarely (b) Sometimes (c) Often (d) Most times

10.5. Please rate how often this child has difficulty localizing sounds (knowing if they are coming from his or her right or left, front or back, near or far, from person A or person B).

(a) Rarely (b) Sometimes (c) Often (d) Most times

11. Please circle any applicable conditions or services regarding this child:

- a. Special education
- b. Learning disability
- c. Specific language learning disability
- d. Dyslexia (reading disability)
- e. Permanent hearing loss: (a) Mild (b) Moderate (c) Severe (d) Unilateral (e) Hearing aid (f) Cochlear implant
- f. History of speech-language delay or therapy
- g. Frequent or chronic middle ear infections or surgery (circle or explain)
- h. Jaundice as newborn: (a) Mild (b) Moderate (c) Severe
- i. Learned English as a 2nd language after age 5
- j. Attention deficit disorder (ADHD)
- k. Auditory processing disorder ((C) APD)
- l. Autism/Asperger syndrome
- m. Developmental delay



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Dr. Tom Rowley, Au.D., CCC-A/SLP
Brittany Asay, CCC-SLP

PATIENT INFORMATION

Patient Name: _____
LAST FIRST MI

Address: _____
STREET CITY STATE ZIP

Date of Birth: _____ Age: _____ Sex: _____ Marital Status: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Emergency contact: _____ Family Physician: _____

Have you been a patient here in the past? _____ If yes, when? _____

Parent name(s), if patient is a minor: _____

HOW DID YOU FIND US?

Please check one

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Dr. _____ | <input type="checkbox"/> Self-referral | <input type="checkbox"/> Voc Rehab |
| <input type="checkbox"/> Friend/relative _____ | <input type="checkbox"/> Yellow pages | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Patient of ours _____ | <input type="checkbox"/> BHBHAS.com | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Employer _____ | <input type="checkbox"/> Google | <input type="checkbox"/> Cody Living |
| <input type="checkbox"/> School/CRC _____ | <input type="checkbox"/> Other _____ | |

You are responsible for all charges as billed and payment is required at time of service.

Signature: _____ Date: _____

We accept Visa, Mastercard, and Discover.