## Audiology

# Auditory Neurodevelopmental Clinic Questionnaire

*Office use only:*

Name: ______________________

DOB: ______________________

MRN: ______________________

The purpose of this questionnaire is to identify areas of concern that may be contributing to a child's listening difficulty. Often, children appear to have difficulty hearing or understanding what is said to them because of factors other than hearing loss. These factors include, but are not limited to, auditory processing, cognitive delays, developmental/behavioral issues such as ADHD, anxiety or autism, sensory integration disorder and language processing problems. Our goal in developing this questionnaire is to guide children to evaluations that can provide an answer to their concerns in the most efficient manner. Peripheral hearing loss should always be ruled out prior to investigating these other areas.

Date: ______________________

| | Behaviors/Concerns: **"How often does your child…"** | Always (80-100%) | Sometimes (51-79%) | Rarely (21-50%) | Never (0-20%) |
|---|---|---|---|---|---|
| 1. | Have difficulty hearing in noisy environments | ☐ | ☐ | ☐ | ☐ |
| 2. | Not respond from a distance (other room) | ☐ | ☐ | ☐ | ☐ |
| 3. | Mishear words ("hot" for "hop") | ☐ | ☐ | ☐ | ☐ |
| 4. | Become confused about where to look when there is a sudden sound | ☐ | ☐ | ☐ | ☐ |
| 5. | Teacher/parent expresses concern that child cannot hear | ☐ | ☐ | ☐ | ☐ |
| 6. | Have problems understanding stories or basic concepts | ☐ | ☐ | ☐ | ☐ |
| 7. | Have difficulty naming objects or people | ☐ | ☐ | ☐ | ☐ |
| 8. | Have difficulty knowing what to expect based on information they are given | ☐ | ☐ | ☐ | ☐ |
| 9. | Have trouble getting to the point or answering questions with the appropriate information | ☐ | ☐ | ☐ | ☐ |
| 10. | Have problems following directions | ☐ | ☐ | ☐ | ☐ |
| 11. | Have difficulty organizing and finishing tasks, miss details | ☐ | ☐ | ☐ | ☐ |
| 12. | Have difficulty focusing on a task for a long period of time (outside area of interest) | ☐ | ☐ | ☐ | ☐ |
| 13. | Act overly active/impulsive | ☐ | ☐ | ☐ | ☐ |
| 14. | Develop skills later than their peers | ☐ | ☐ | ☐ | ☐ |
| 15. | Appear not to hear when involved in another activity | ☐ | ☐ | ☐ | ☐ |
| 16. | Have poor coordination | ☐ | ☐ | ☐ | ☐ |
| 17. | Not like to be touched | ☐ | ☐ | ☐ | ☐ |
| 18. | Not like to be in places with a lot of activity or noise | ☐ | ☐ | ☐ | ☐ |
| 19. | Show an aversion to certain sounds, textures, clothing, etc. | ☐ | ☐ | ☐ | ☐ |
| 20. | Have constant movement, cannot sit or stand still | ☐ | ☐ | ☐ | ☐ |
| 21. | Have difficulty recalling the alphabet, remembering letter names, or letter sounds | ☐ | ☐ | ☐ | ☐ |
| 22. | Have difficulty rhyming words | ☐ | ☐ | ☐ | ☐ |
| 23. | Have inconsistent recall when reading or spelling familiar words | ☐ | ☐ | ☐ | ☐ |
| 24. | Have difficulty understanding what was read (comprehension) | ☐ | ☐ | ☐ | ☐ |
| 25. | Family history of reading problems or learning disabilities | ☐ YES | | | ☐ NO |

Name of person completing this form: ______________________ Relationship to patient: ______________

*Office use only:*

Form received by: ______________________________________________

Signature/Credentials Printed Name Date/Time

K1445

HIC 07/22

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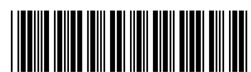

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