WARRIOR HEARING CENTER

SPEECH-HEARING QUESTIONNAIRE

Name: _____ Date: _____

Age: _____ DOB: _____

Please indicate if you are currently receiving or have received any of the services and number of years:

Auditory training? ☐ YES years _____ ☐ NO	Speech therapy? ☐ YES years _____ ☐ NO	Phonological awareness training?☐ ☐ ☐ YES years _____ ☐ NO
Special phonics training? ☐ YES years _____ ☐ NO	Special help with reading? ☐ YES years _____ ☐ NO	Sensory-integration training? ☐ YES years _____ ☐ NO

Please (✓) mark '**YES**' if the statement applies to you or '**NO**' if it not a problem.

DEC	
I have a problem saying speech sounds	☐ YES ☐ NO
I have a problem understanding language	☐ YES ☐ NO
I have a problem understanding spoken instructions	☐ YES ☐ NO
I have a problem reading aloud	☐ YES ☐ NO
I have a problem with phonics	☐ YES ☐ NO
I have a problem with spelling	☐ YES ☐ NO
I respond slowly/delayed to spoken language	☐ YES ☐ NO
I may have a problem learning a foreign language	☐ YES ☐ NO ☐ Never attempted foreign language learning
I speak slowly	☐ YES ☐ NO
NOI	
I am hypersensitive to noise	☐ YES ☐ NO
I am distracted by noise	☐ YES ☐ NO
I struggle to understand speech in noise	☐ YES ☐ NO
I am noisy/I make more noises in comparison to my peers	☐ YES ☐ NO
MER	
I respond too quickly, at times	☐ YES ☐ NO
I frequently interrupt others talking	☐ YES ☐ NO
I have a problem with reading comprehension	☐ YES ☐ NO
I speak quickly	☐ YES ☐ NO
I forget things I have been told	☐ YES ☐ NO
I have a problem remembering spoken instructions	☐ YES ☐ NO

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VAR	
I have a problem paying attention	☐ YES ☐ NO
I have a problem using language	☐ YES ☐ NO
I may have ADHD/ADD	☐ YES ☐ NO
I have anxiety (e.g., new situations)	☐ YES ☐ NO
INT	
I have extremely poor handwriting	☐ YES ☐ NO
I have a problem integrating auditory and visual info	☐ YES ☐ NO
I have significant reading/spelling difficulties	☐ YES ☐ NO
I may have significant visual perception difficulties	☐ YES ☐ NO
I sometimes have very long delays in responding	☐ YES ☐ NO
I have Dyslexia	☐ YES ☐ NO
ORG	
I have a problem with keeping things organized	☐ YES ☐ NO
I have a problem sequencing verbal items/information	☐ YES ☐ NO
I am messy/tend to lose things	☐ YES ☐ NO
APD	
I have a history of ear infections / ear fluid as a child	☐ YES ☐ NO
I have a problem understanding what is said	☐ YES ☐ NO
I have a learning disability	☐ YES ☐ NO
I have a problem following spoken instructions	☐ YES ☐ NO
I have an intellectual disability	☐ YES ☐ NO
I have had a head injury	☐ YES ☐ NO
I have Autism or a related problem	☐ YES ☐ NO
GEN	
I am hypersensitive to touch	☐ YES ☐ NO
I have a problem maintaining eye contact with a speaker	☐ YES ☐ NO
I have a problem with long-term memory	☐ YES ☐ NO
I may have a psychological problem	☐ YES ☐ NO
I may have a behavior problem	☐ YES ☐ NO
I have a problem with coordinating body movements	☐ YES ☐ NO
I may have allergies	☐ YES ☐ NO
I have a problem learning math concepts	☐ YES ☐ NO
I have a hearing problem	☐ YES ☐ NO

D	N	M	V	TFM	I	O	APD	ΣCAP	G
/9	(/4)	(/6)	(/4)	/14	/6	/3	/7	/39	(/9)