

# APD CHARACTERISTIC CHECKLIST - ADULT

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

Parent(s) Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Please check if you believe you have these traits:

TRAIT	YES	NO	TRAITS	YES	NO
Feel confused in noisy places			Trouble maintaining proper sequence/order		
Easily distracted			Short attention span		
Easily flustered or confused			Poor listening skills		
Forgetful			Trouble following instructions		
Have difficulty spelling			Trouble telling where sounds are coming from		
Messy/tend to lose things			Tires easily		
Mix up speech sounds			Chronic middle ear infections		
Need quiet to study			Social difficulties		
Often say "what?" or "pardon?"			Short-term memory difficulties		
Respond slowly/delayed			Sensitive to loud sounds		
Speech often unclear/hard to understand			Reading comprehension difficulties		

**Concerns** (please check all that apply):

- Academic
- Speech-Language
- Hearing
- Emotional
- Attention
- Other: \_\_\_\_\_

**If you feel that these difficulties are particularly troublesome for you, please contact our clinic for an auditory processing evaluation.**