

APD Character Checklist- Adult



Name: _____

Date of Birth: _____ Date: _____

Please check if you believe you have these traits:

Trait	Yes	No	Trait	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/tends to lose things			Tires easily		
Mixes up speech sounds			Chronic middle ear infections		
Needs quiet to study			Social Difficulties		
Often say "What?" or "Pardon?"			Short-term memory difficulties		
Responds slowly/delayed			Sensitivity 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.

Phone: 402-367-1340; 320 S 10th Street, David City, NE 68632