BUFFALO MODEL QUESTIONNAIRE - REVISED
Simplified Adult Form

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 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 ☐	
MEM		
I respond too quickly, at times	YES ☐ NO ☐	
I interrupt frequently 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 ☐	
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 ☐

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/9	(/4)	(/6)	(/4)	/14	/6	/3	/7	/39	(/9)