

Pre assessment Questionnaire

4. Please tick any of the things that might be hard for you

- ☐ Someone looking in your ears
- ☐ Wearing head/ear phones
- ☐ Sitting still for about 10 minutes

5. Are you or anyone at your home at risk of swallowing a battery or inserting it in their ear/nose: Yes/No

6. What do you like to do?
(e.g watch TV, meet friends etc)

7. Is there anything you do not like?

8. Is there anything else you think we should know before you come and see us?

Thank you
Please return this booklet in the freepost
envelope provided

You have been referred for a hearing test. It is useful for us to know some information about you before you come and see us

Please complete this questionnaire and return in in the freepost envelope provided.

A family member, friend or staff member could help you. Everything will be kept confidential.

If you have any questions, please contact us on 01772 522751



Audiology Department

Personal Information

Name : _____

What do you like to be called: _____

Who is your main carer or keyworker?

Name: _____

What is their contact number? _____

Your Health

Please tell us any medical conditions you may have e.g
Downs syndrome, dementia, visual impairment etc

Your Communication:

1. How do you communicate? Please tick

- ☐ I can speak without any problems
- ☐ I have some speech
- ☐ I do not have any speech
- ☐ I use Makaton

2. How good is your communication ? Please tick

- ☐ I can understand speech easily
- ☐ I can understand key words
- ☐ I can understand Makaton
- ☐ I am not able to understand speech or sign

Is there anything else we should know about how you communicate?

3. Do you use a wheelchair to help you get around?

- ☐ Yes
- ☐ No



Audiology Department

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