

## Pre-hearing test questionnaire

Audiology Department



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You have been referred for a hearing test

It is useful for us to know some information about you before you come to see us



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

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

### Personal Information

Your name \_\_\_\_\_



What do you like to be called? \_\_\_\_\_

Who is your main carer or keyworker?

\_\_\_\_\_ (name) \_\_\_\_\_ (relationship to you)

What is their contact number? \_\_\_\_\_

### Your Health

Please tell us any medical conditions you have e.g. Down's syndrome, dementia, visual impairment etc.

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Do you use a wheelchair to help you get around? (Please circle an answer):

**Yes**

**No**



## Your Communication

How do you communicate? Please tick:



- I can speak fluently without any problems
- I have some speech
- I do not have any speech
- I use Makaton
- Other \_\_\_\_\_

How good is your understanding? 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
- Other \_\_\_\_\_

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

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## Likes and Dislikes

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

1. \_\_\_\_\_

2. \_\_\_\_\_

Is there anything you do not like or anything we should avoid doing?

1. \_\_\_\_\_

2. \_\_\_\_\_

Is there anything else you think it would be helpful for us to know?

*Thank you – Please return this booklet in the Freepost envelope provided*



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This information was correct at the time of publication. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not yet be reflected in the information and you should discuss this with the clinical staff at the time of your appointment.

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Publication date: January 2011  
Review date: July 2022  
Ref: 411/11