

**Questionnaire to help us during YOUR appointment in Audiology**

To be filled in with your carer or family

Name .....

Date of birth .....

How do you like to communicate with others?  
(Speech, single words, sign, picture cards, gestures etc.)

.....

Please tick any of the situations that you might find difficult.

Someone looking in your ears

Wearing headphones/earphones

Sitting still for 10/15 minutes

If you do get distressed what might help you to feel less  
scared/upset/anxious?

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Is there anything else that you feel would be useful for us to know  
before your appointment?

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Please can you return the questionnaire by post before your appointment to:  
Audiology Admin, Audiology Department, York Teaching Hospitals NHS Foundation  
Trust, Wigginton Road, York, YO31 8HE