

## Questionnaire to help us during YOUR child's appointment in Audiology

Name of the child .....

Date of birth of the child .....

How does your child communicate with others?  
(Speech, single words, sign, picture cards etc.)

.....

Please tick any of the situations that your child might find difficult.

- Someone looking in their ears
- Wearing headphones/earphones
- Sitting still for 10/15 minutes
- Flashing toys or lights

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

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**Please can you return the questionnaire before your child's appointment**

**Post:** Audiology Admin  
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