

**Questionnaire**

It is useful for us to know some information about you before your next visit 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 confidential

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

**Department**: Head & Neck - Audiology

**Division**: Surgery

**Production date**: Jan 2023

**Version**: 1

**Personal** **Information**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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, learning disability etc.**

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**Please tell us below if there is a better day or time that you would like to come and see us**

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**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
* I use BSL
* I use pictures or PECS
* I use gestures

1. **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
* I can lip read

1. **Do you need information in a different format?**

Easy read ⬜ Yes ⬜ No

Large Print⬜ Yes ⬜ No

1. **What is the best way to send you information?**

⬜ Text

⬜ Email

⬜ Letter

**Is there anything else we should know about how to support you with your communication needs?**

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1. **Do you use a wheelchair to help you get around?**

⬜ Yes

⬜ No

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

* Someone looking in your ears
* Wearing head/ear phone
* Sitting still for about 10 minutes

1. **Are you or anyone at your home at risk of swallowing a battery or inserting it in their ear/nose?**

⬜ Yes ⬜ No

1. **What do you like to do?**

(e.g watch TV, meet friends etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Is there anything you do not like?**

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

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**Thank you**

**Please return this booklet in the freepost envelope provided**