



HEARING SCREENING REPORT

Hearing Impaired/Deaf Kindred Organisations Network

SCREENING LOCATION: _____

CLIENT DATA:

Age group 0-20 21-30 31-40 41-50
51-60 61-70 71-80 81+

Gender M F Postcode

Is English your first language? Yes No

If no, what is your native language?

Do you have Tinnitus (head noises?) Y N

Do you think you have a hearing problem? Y N

If yes, when did you first notice it?

1 year ago 2-5 years ago 5-10 years ago more than 10 years ago

Reported Hearing Loss

Normal Mild Moderate Severe Profound

TO BE COMPLETED BY SCREENER

Hearing Levels	1000Hz	2000Hz	4000Hz
Right Ear			
Left Ear			

PASS FAIL



Your hearing screening results

Hearing Awareness Week 2004

Screening Location: _____ Date: _____

Your screening test indicates that:

Your hearing is within normal limits in your: right ear left ear

You may have a hearing loss in your: right ear left ear

We recommend a full assessment with an Audiologist

Thank you