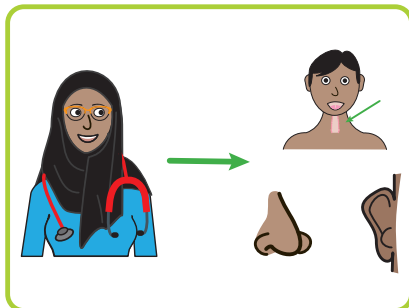




Do you want to take part in having your hearing tested?

We would like to set up a new service but we need your help.



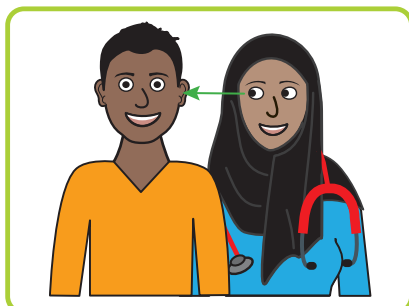
1. Have you had any **ear nose or throat appointments** at **Hospital** in the last year.

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



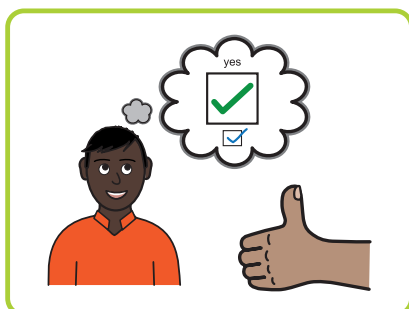
2. Are you **okay to wear headphones** that go on your **head and ears**.

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



3. Are you okay to have someone **looking in your ears**.

yes	no
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



If you **tick yes** to question **2 and 3** you are able to **join in with this**.

If you have any further questions then please contact the
Health Facilitation Team on 0113 8555049