

AUDIOGRAM

This sheet need not be returned with the Medical Questionnaire, but should be detached and completed when circumstances permit.

NATIONAL CHILD DEVELOPMENT STUDY (1958 Cohort)

Adam House, 1, Fitzroy Square, London, W.1

Tel.: EUSon 4263.4.5 (3 lines)

SPONSOR:
Institute of Child Health, University of London
National Birthday Trust Fund
National Bureau for Co-operation in Child Care
National Foundation for Educational Research in England and Wales

IN COLLABORATION WITH:
ENGLAND Association of Chief Education Officers
AND WALES Society of Medical Officers of Health
SCOTLAND Association of Directors of Education
Association of School Medical and Dental Officers

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SENIOR MEDICAL OFFICER:
M. J. Ball, B.Sc., M.B., B.S., D.P.H.

N4				N1			
Local Authority Code Number				Child's Code Number			

Card No.

Leave blank

CHILD'S NAME (Surname)

(Christian Names)

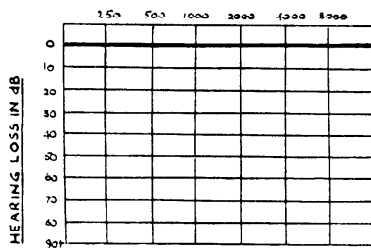
CHILD'S ADDRESS

SCHOOL

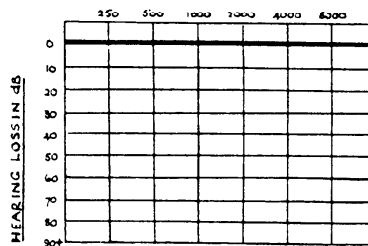
AUDIOGRAM BY (Name of Hospital or Clinic)

PLEASE DETACH

RIGHT EAR



LEFT EAR



PLEASE TRANSFER THE READINGS TO THE BOXES BELOW
(If unreliable, enter X in all boxes)

RIGHT EAR N387

Enter hearing loss in decibels

(Leave blank)

250	500	1000	2000	4000	8000	C.F.S.
N558	N559	N560	N561	N562	N563	

LEFT EAR N388

Enter hearing loss in decibels

(Leave blank)

250	500	1000	2000	4000	8000	C.F.S.
N564	N565	N566	N567	N568	N569	

Remarks Assessment of hearing - N389