

**SPEECH, LANGUAGE AND HEARING EXAMINATION
AUDITORY MEMORY FOR
DIGITS AND NONSENSE SYLLABLES**

2. NAME OF CHILD

3. DATE OF BIRTH MO. DAY YEAR			4. AGE	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE 1 2	6. RACE <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> OR <input type="checkbox"/> PR 1 2 3 4 <input type="checkbox"/> OTHER 8
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7. EXAMINED BY	8. DATE OF EXAM MO. DAY YEAR
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9. RECALL OF DIGITS

1. TWO-DIGIT SERIES

2-Digit Series	Verbatim Response	Pass	Fail
4,2	_____	<input type="checkbox"/>	<input type="checkbox"/>
8,5	_____	<input type="checkbox"/>	<input type="checkbox"/>
6,1	_____	<input type="checkbox"/>	<input type="checkbox"/>
3,8	_____	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY ITEM SCORE (PASS = 1 CORRECT RESPONSE)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

2. THREE-DIGIT SERIES

3-Digit Series	Verbatim Response	Pass	Fail
3,6,2	_____	<input type="checkbox"/>	<input type="checkbox"/>
8,3,1	_____	<input type="checkbox"/>	<input type="checkbox"/>
6,2,8	_____	<input type="checkbox"/>	<input type="checkbox"/>
2,4,1	_____	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY ITEM SCORE (PASS = 1 CORRECT RESPONSE)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

11. COMMENTS

10. RECALL OF NONSENSE SYLLABLES

1. TWO-SYLLABLE SERIES

2-Syllable Series	Verbatim Response	Pass	Fail
POO, BAH	_____	<input type="checkbox"/>	<input type="checkbox"/>
DEE, BOO	_____	<input type="checkbox"/>	<input type="checkbox"/>
MOW, DAH	_____	<input type="checkbox"/>	<input type="checkbox"/>
TAH, DOY	_____	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY ITEM SCORE (PASS = 1 CORRECT RESPONSE)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

2. THREE-SYLLABLE SERIES

3-Syllable Series	Verbatim Response	Pass	Fail
PAH, BOO, DEE	_____	<input type="checkbox"/>	<input type="checkbox"/>
MOW, DAH, POO	_____	<input type="checkbox"/>	<input type="checkbox"/>
TAH, BOW, DOY	_____	<input type="checkbox"/>	<input type="checkbox"/>
DEE, GAH, TAY	_____	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY ITEM SCORE (PASS = 1 CORRECT RESPONSE)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0