



To: Division of Speech Therapy  
 Department of Otorhinolaryngology,  
 Head & Neck Surgery,  
 The Chinese University of Hong Kong,  
 Room 303, Academic Building No.2, CUHK  
 Attn: Ms. Rina TO (TEL: 3943 9609)

### Cantonese Spoken Word Recognition Test (CanSWORT) Order Form

#### About the test

The Cantonese Spoken Word Recognition Test (CanSWORT) is a validated assessment tool for spoken word recognition ability in Cantonese. It is applicable to paediatric population as young as 3 years of age, with hearing sensitivity ranging from typical to profound impairment, and with or without using hearing device(s).

There are four equivalent test lists in CanSWORT, with each consisting of 20 disyllabic words. Two modes of test 1) via printed form with audio compact discs and 2) via computer program are provided. The test kit includes one manual (English and Chinese), one scoring book, 4 audio compact discs and one program disc.

香港粵語口語雙字詞辨識測驗 ( CanSWORT ) 是具實驗依據的粵語口語雙字詞辨識能力評估工具。本測驗適用於 3 歲及以上兒童，從重度聽力損失到健聽或不論是否佩戴助聽儀器的患者。

CanSWORT 有四組由 20 項雙音節詞所組成、對等的測試表格。CanSWORT 提供兩種測試模式：1) 使用印製的表格和光碟，及 2) 使用電腦程式。本測試套件包括一本說明書、四套評分表、四張光碟及一張程式光碟。

Cantonese Spoken Word Recognition Test (CanSWORT)	Sub-total
<p><b>Individual User for Clinical Purposes (Local Residence)</b></p> <p>_____ set(s) for Local Residence (with HKID) x HKD 2,000</p> <p>Full Name: _____</p> <p>HK identity number: _____</p> <p>Phone number: _____</p> <p>Email (Mandatory): _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>	<p>= _____</p>
<p><b>Individual User for Clinical Purposes (Non-local Residence)</b></p> <p>_____ set(s) for Non-local Residence x HKD 5,000</p> <p>Full Name: _____</p> <p>Nationality: _____</p> <p>Passport number: _____</p> <p>Phone number: _____</p> <p>Email (Mandatory): _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>	<p>= _____</p>



<p><b>Non-Profit Making Institution / Organization / Government</b></p> <p>_____ set(s) x HKD 2,000 (Basic License Fee) + _____ no. of potential users in the organization x HKD 500</p> <p>Registered organization name: _____        Registered address: _____        _____        _____        _____</p> <p>Name of contact person: _____        Phone number: _____        Email (Mandatory): _____        Mailing Address: _____        _____        _____</p>	<p>= _____</p>
<p><b>Private Company / Others (End User License, not for producing products)</b></p> <p>_____ set(s) x HKD 10,000 (Basic License Fee) + _____ no. of potential users in the organization x HKD 500</p> <p>Registered company name: _____        Registered address: _____        _____        _____        _____</p> <p>Name of contact person: _____        Phone number: _____        Email (Mandatory): _____        Mailing Address: _____        _____        _____</p>	<p>= _____</p>
<p><b>Postage<sup>^</sup> - Destination available<sup>#</sup></b></p> <p><input type="checkbox"/> Hong Kong        HKD 27 x _____ (no. of CanSWORT)</p> <p><input type="checkbox"/> Korea/Thailand/Malaysia/Singapore/India/Vietnam        HKD 68 x _____ (no. of CanSWORT)</p> <p><input type="checkbox"/> Japan/Australia/Canada/New Zealand/USA/Europe        HKD 73 x _____ (no. of CanSWORT)</p>	<p>= _____</p> <p>= _____</p> <p>= _____</p>
<p><b>Total</b></p>	<p>= _____</p>

<sup>^</sup> Postage is exempted for self-pick-up person  
<sup>#</sup> Delivery to destinations that do not appear in the table can be arranged upon request



**Payment Method**

We will inform you of the payment procedure via Email upon receiving your order form.

**Declaration for receiving information about CanSWORT**

I agree the Department of Otorhinolaryngology, Head and Neck Surgery, CUHK to use my personal data collected for contacting me about the update of CanSWORT.

I do NOT agree the Department of Otorhinolaryngology, Head and Neck Surgery, CUHK to use my personal data collected for contacting me about the update of CanSWORT.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

\* For enquiries, please contact Ms. Rina To

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