

Survey for participants who ATTENDED an annual review appointment

You recently attended an appointment for an annual review of your hearing and hearing aids. Below are some questions about why you attended your review appointment and how you felt it went.

Your responses to this survey will NOT be shared with your clinic or clinician. The information you provide will be treated anonymously. Please be open and honest in your answers.

Q1. Reasons for attending the annual review appointment: (please tick all that are applicable)

- My clinician/clinic invited me to attend an annual review appointment
- My family/friend recommended I make an appointment
- I felt my hearing had changed
- I felt that my hearing aids needed adjusting
- I wanted some additional information on _____
- I wanted some additional training on _____
- I wanted to find out about new hearing aids available
- I wanted to know what other options were available other than hearing aids
- I wasn't sure if my hearing aids were working as well as they could be
- I feel annual review appointments are an important part of my ongoing hearing program
- I wanted some assistance with a particular situation, eg. I've started attending meetings
- My health has changed and I wanted some assistance with modifications to my hearing aids, eg. injury, operation to my ear, reduced sight, reduced dexterity
- My hearing aid was faulty and needed repair
- I wasn't using my hearing aid/s anymore and I wanted to give it another go
- Other _____

Q2. Would you have made an appointment for a review if you had not been prompted by the clinic?

No <input type="checkbox"/>	Not likely <input type="checkbox"/>	Not sure <input type="checkbox"/>	Somewhat likely <input type="checkbox"/>	Yes <input type="checkbox"/>
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Q3. a) Were your reasons for attending the appointment discussed with the clinician?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	In part <input type="checkbox"/>
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b) Were your needs met?

Yes, all of them <input type="checkbox"/>	Yes, some of them <input type="checkbox"/>	NO <input type="checkbox"/>
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Which needs were not met? _____

Q4. Audiological appointments (please circle one response for each question)

a) How important are annual review appointments to you?

Not at all important <input type="checkbox"/> 1	Of little importance <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Somewhat important <input type="checkbox"/> 4	Very important <input type="checkbox"/> 5
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b) How beneficial are your appointments at the hearing clinic?

Not at all beneficial <input type="checkbox"/>	Of little benefit <input type="checkbox"/>	Neutral <input type="checkbox"/>	Somewhat beneficial <input type="checkbox"/>	Very beneficial <input type="checkbox"/>
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c) How important is it that your hearing clinic provides ongoing support to you?

Not at all important <input type="checkbox"/>	Of little importance <input type="checkbox"/>	Neutral <input type="checkbox"/>	Somewhat important <input type="checkbox"/>	Very important <input type="checkbox"/>
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d) How satisfied are you with the services provided by your clinic?

Very dissatisfied <input type="checkbox"/>	Dissatisfied <input type="checkbox"/>	Neutral <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Very satisfied <input type="checkbox"/>
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Comments:

Participant ID# .

Survey for participants who did NOT attend an annual review appointment

You should have recently received a letter from your hearing clinic inviting you to make an appointment for an annual review of your hearing and hearing aids. We are interested as to why you have not yet attended this appointment.

Your responses to this survey will NOT be shared with your clinic or clinician. The information you provide will be treated anonymously. Please be open and honest in your answers.

Q1. Reasons for not attending the annual review appointment recommended by the clinic (please tick all that are applicable)

- I have made an appointment but have not attended yet
- I'm not having any problems with my hearing aid(s) and didn't feel I needed the appointment
- I'm not using my hearing aid(s) anymore, so there was no need for the appointment
- Too busy/no time off work
- I was away/ I did not get the letter
- I plan to make the appointment, but I have not gotten around to it yet
- I didn't think the appointment was important
- I wanted to wait for test results from another specialist
- I was worried that they were going to recommend new hearing aids and I don't want new ones yet
- I cannot afford the cost of the review appointment at this stage
- I feel as though my last appointment was a waste of time
- I feel as though my last appointment was a waste of money

- I know it is important, but I have been avoiding making the appointment, why? _____
- I have switched providers and now see someone else for my hearing needs
- Other _____

Q2. Were you aware that annual review appointments are a recommended part of your ongoing rehabilitation program?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I'm not sure <input type="checkbox"/>
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Q3. Were you aware that in the annual review appointment your clinician may (please circle)

Detect changes in your hearing	Yes	No
Modify the settings of your hearing aid	Yes	No
Perform a clean and check to ensure your hearing aid/s are working properly	Yes	No
Perform any required repairs	Yes	No
Provide you with any accessories you may require	Yes	No
Provide you with any additional training that may assist you in getting more out of your hearing aids	Yes	No
Update you on any new devices or therapies that may improve your hearing and communication	Yes	No

Q4. On the basis of what is offered at these annual reviews, are you now inclined to attend an annual _____ review?

Less inclined <input type="checkbox"/>	No change <input type="checkbox"/>	More inclined <input type="checkbox"/>
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Q5. Audiological appointments (please circle one response for each question)

a) How important are annual review appointments to you?

Not important <input type="checkbox"/>	Of little importance <input type="checkbox"/>	Neutral <input type="checkbox"/>	Somewhat important <input type="checkbox"/>	Very important <input type="checkbox"/>
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b) How beneficial are your appointments at the hearing clinic?

Not beneficial <input type="checkbox"/>	Of little benefit <input type="checkbox"/>	Neutral <input type="checkbox"/>	Somewhat beneficial <input type="checkbox"/>	Very beneficial <input type="checkbox"/>
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c) How important is it that your hearing clinic provides ongoing support to you?

Not at all important <input type="checkbox"/>	Of little importance <input type="checkbox"/>	Neutral <input type="checkbox"/>	Somewhat important <input type="checkbox"/>	Very important <input type="checkbox"/>
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d) How satisfied are you with the services provided by your clinic?

Very dissatisfied <input type="checkbox"/>	Dissatisfied <input type="checkbox"/>	Neutral <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Very satisfied <input type="checkbox"/>
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Comments: