

Appendix 1. Theme and individual item mean (SD) scores, by participant type. The themes (7 in total) and statements (66 in total) are listed from highest to lowest ratings.

Themes (n = 7)	Survey Items (n = 66)	Perceived benefit of the approaches		Perceived likelihood of use of the approaches	
		Adults with hearing loss Mean (SD)	Audiologists Mean (SD)	Adults with hearing loss Mean (SD)	Audiologists Mean (SD)
<i>Providing Emotional Support (11 items)</i>		<i>3.88 (0.68)</i>	<i>4.40 (0.50)</i>	<i>3.82 (0.91)</i>	<i>4.30 (0.56)</i>
	Q1. The audiologist gives the client time to talk, and listens to what they say	4.60 (0.66)	4.84 (0.37)	4.36 (0.99)	4.75 (0.45)
	Q20. The audiologist is non-judgemental and accepts the client for who they are	4.40 (0.71)	4.61 (0.61)	4.48 (1.05)	4.73 (0.59)
	Q16. The audiologist is supportive - helps the client throughout their entire journey	4.25 (0.96)	4.74 (0.45)	4.18 (1.08)	4.75 (0.45)
	Q13. The audiologist ensures that the clinic feels like a safe and welcoming place for people to discuss their concerns	4.12 (0.89)	4.74 (0.45)	4.14 (1.21)	4.69 (0.60)
	Q23. The audiologist connects with the client - human to human	3.98 (1.12)	4.50 (0.99)	4.16 (1.26)	4.73 (0.59)
	Q37. The audiologist uses empathetic listening, that is, listening and responding in a way that improves mutual understanding and trust	3.96 (1.13)	4.72 (0.57)	4.20 (1.17)	4.67 (0.62)
	Q18. The audiologist asks the client about their motivation to change the situation, and helps them to become more motivated; talking about the pro's and con's to taking action to partake in more social activities	3.57 (0.94)	4.21 (1.08)	3.34 (1.55)	3.88 (1.02)
	Q9. The audiologist uses questionnaires that prompt clients to think about how their hearing loss is affecting their emotional and social status	3.42 (1.13)	3.74 (0.87)	3.25 (1.26)	4.00 (1.03)

Q61. The audiologist talks about the client's emotions as they arise throughout the appointment - they leave their agenda aside and let the client set the agenda for the appointment	3.37 (1.18)	4.22 (1.00)	3.25 (1.33)	3.33 (1.35)
Q12. The audiologist encourages the client to talk about feelings and emotions	3.37 (1.13)	4.16 (0.83)	3.25 (1.46)	3.75 (1.24)
Q27. The audiologist normalises the client's experiences, that is, lets them know that it is normal for people with hearing loss to withdraw from social situations and to feel lonely	3.37 (1.10)	3.78 (1.17)	3.45 (1.44)	4.27 (0.96)
<i>Promoting Client Responsibility (5 items)</i>	<i>3.88 (0.76)</i>	<i>4.24 (0.56)</i>	<i>3.67 (0.90)</i>	<i>4.01 (0.66)</i>
Q43. The audiologist emphasises the responsibility of the client to use the hearing aid	4.24 (1.00)	4.00 (1.24)	4.34 (0.99)	4.53 (0.64)
Q5. The audiologist outlines the client's role in self-management of their hearing loss, alongside the audiologist's role as more of a supportive professional	4.23 (0.88)	4.42 (0.96)	4.11 (1.19)	4.50 (0.63)
Q52. The audiologist works together with the client to strategize about what the client needs in order to be successful in their social environments; this may include hearing aid accessories, additional programs, knowledge of environmental acoustics, or self-advocacy behaviours	3.64 (1.26)	4.50 (0.51)	3.66 (1.46)	3.93 (1.03)
Q53. The audiologist asks the client questions about their family interactions, such as how they perceive their family members to be coping with their hearing loss	3.53 (1.29)	4.22 (0.81)	3.43 (1.52)	4.07 (1.03)
Q46. The audiologist uses real-time in-the-moment surveys (provided by some hearing aid manufacturers) to understand and discuss the specific social situations that are difficult for the client, and provide personalised informational and emotional support to address these ongoing issues	3.42 (0.97)	3.89 (0.76)	2.82 (1.35)	3.27 (1.16)

<i>Use of Strategies and Training to Personalise the Rehabilitation Program (13 items)</i>	3.73 (0.78)	4.20 (0.44)	3.47 (0.92)	3.96 (0.66)
Q42. The audiologist tailors the rehabilitation program to meet the client's social needs, such as use of accessories or assistive listening devices (including remote controls, headphones for the TV, or remote microphone systems)	4.37 (1.12)	4.72 (0.46)	4.00 (1.35)	4.27 (1.16)
Q54. The audiologist trains the clinic administration staff so that they are skilled at communicating with people who are hard of hearing	4.30 (0.93)	4.22 (1.06)	3.77 (1.31)	4.47 (0.83)
Q40. The audiologist helps the client to understand why wearing hearing aids is important	4.29 (0.84)	4.28 (1.07)	4.23 (1.14)	4.33 (1.11)
Q45. The audiologist uses the information collected by the hearing aid manufacturer's apps (online programs) to discuss with the client how their hearing aid settings could be modified to account for the ongoing difficulties experienced in particular listening situations	4.07 (1.14)	3.89 (0.83)	3.32 (1.43)	4.00 (1.07)
Q65. The audiologist explains how the hearing aid can help improve hearing, but that it does not directly improve the social or emotional effects of hearing loss, and because of this, clients will need to put in work to improve these aspects of the rehabilitation journey	3.89 (1.08)	4.22 (1.00)	3.70 (1.27)	4.07 (1.21)
Q32. The audiologist provides clients with training on how to adjust their environment to make listening easier (such as reducing the background noise, improving lighting, or using softer furniture to absorb reverberation/echoes)	3.87 (1.13)	4.44 (0.62)	3.91 (1.20)	4.40 (0.91)
Q36. The audiologist provides clients with training on how to be a better communicator (such as asking people to gain your attention first, using face-to-face communication, and asking for repeats)	3.76 (1.11)	4.33 (0.59)	3.84 (1.33)	4.27 (0.80)

Q31. The audiologist emphasises the role of the client's partner/family in using strategies to improve communication, such as gaining attention before talking	3.37 (1.21)	4.56 (0.51)	3.70 (1.44)	4.20 (1.08)
Q64. The audiologist works with the client and together to develop strategies to improve the client's assertiveness during communication	3.37 (1.13)	4.39 (0.50)	3.66 (1.35)	3.86 (1.03)
Q15. The audiologist recognises and compliments good communication strategies in action; highlights the clients' good communication strategies in the moment to reinforce these behaviours, and discuss their benefits towards social re-engagement	3.37 (0.97)	4.53 (0.61)	3.64 (1.35)	4.00 (1.03)
Q39. The audiologist recommends auditory training programs for the client to complete at home with their partner - these include talking and listening tasks to retrain the brain in how to hear and interpret conversation	3.29 (1.24)	3.78 (0.73)	2.66 (1.33)	3.87 (1.19)
Q66. The audiologist recommends that the client and their spouse/family make time for a "truss"- a time to talk about the ways in which the hearing loss is affecting the relationship	3.09 (1.22)	3.78 (0.88)	2.50 (1.25)	3.14 (1.35)
Q8. The audiologist recommends "date nights" where couples make time to sit down in the quietness of their own home and discuss the important things going on in their life - to make space for working on their communication and on their relationships	2.79 (1.11)	3.05 (0.97)	2.23 (1.22)	3.19 (1.22)
<i>Client Empowerment (12 items)</i>	<i>3.68 (0.85)</i>	<i>4.46 (0.39)</i>	<i>3.36 (1.03)</i>	<i>3.88 (0.79)</i>
Q6. The audiologist discusses the listening situations that the client finds most difficult, and brainstorms solutions together to help them identify ways to overcome the difficulties in those situations	4.50 (0.83)	4.53 (0.77)	3.98 (1.34)	4.69 (0.60)

Q41. The audiologist listens to the client's specific needs and wants in terms of their individual experience of hearing loss	4.37 (0.78)	4.78 (0.43)	4.27 (1.02)	4.73 (0.59)
Q55. The audiologist discusses the listening situations that the client finds most difficult, and together they brainstorm solutions to overcome the difficulties in those situations	4.14 (1.11)	4.72 (0.46)	4.00 (1.29)	4.87 (0.35)
Q33. The audiologist asks questions and talks about how hearing loss can impact on the social and emotional aspects of the client's life; enabling them to better understand their condition, take ownership of it, and take the steps needed to become more socially connected	3.79 (1.14)	4.67 (0.59)	3.45 (1.45)	4.07 (1.22)
Q26. The audiologist helps the client identify their hearing and communication goals using a survey which identifies the social situations that the client finds the most difficult (called the Client Oriented Scale of Improvement: COSI); and then follows up with the client, at a later appointment, by asking if they have revisited those difficult social situations since obtaining new hearing aids	3.69 (1.21)	4.28 (0.46)	3.57 (1.39)	4.13 (0.99)
Q57. The audiologist works with the client to identify current barriers to social participation	3.57 (1.17)	4.44 (0.78)	3.32 (1.44)	3.73 (1.33)
Q4. The audiologist supports the client in making their own personalised social re-engagement goals	3.52 (1.13)	4.58 (0.96)	3.23 (1.51)	3.88 (1.15)
Q56. The audiologist asks the client personal questions about their lifestyle and communication partners	3.39 (1.24)	4.44 (0.51)	3.23 (1.48)	3.60 (1.24)
Q24. The audiologist addresses the client's emotional needs and fears by asking them what happens in those difficult-to-hear situations, and how they feel about it	3.37 (1.19)	4.28 (0.75)	3.36 (1.46)	4.00 (1.20)
Q35. The audiologist identifies the client's needs beyond hearing, such as social and emotional needs	3.37 (1.13)	4.33 (0.97)	2.98 (1.53)	3.40 (1.30)

Q49. The audiologist empowers clients to improve their social connectedness by discussing previous experiences, emotional barriers and strategies to overcome fears of trying again	3.11 (1.17)	4.56 (0.62)	2.95 (1.51)	3.40 (1.40)
Q48. The audiologist asks the client to bring photos to enable discussion on the people in their life and/or the moments of human connection that are important to them - or bring up Facebook during the appointment for the same effect	2.49 (1.12)	3.56 (1.25)	1.93 (1.13)	2.60 (1.59)
<i>Improving Social Engagement with Technology (7 items)</i>	<i>3.60 (0.79)</i>	<i>4.12 (0.54)</i>	<i>3.28 (1.03)</i>	<i>3.78 (0.72)</i>
Q28. The audiologist identifies gaps where hearing aids alone are not addressing the problem, and provides the client with hearing aid accessories to help them overcome hearing difficulties in specific social situations, such as wireless communication devices (remote microphone systems that pick-up voices from a distance)	4.06 (1.13)	4.56 (0.62)	3.95 (1.29)	4.20 (1.08)
Q19. The audiologist explains the importance of going back into those challenging listening situations with their new hearing aids to give it another go	4.00 (0.94)	4.32 (0.58)	3.82 (1.19)	4.56 (0.51)
Q47. The audiologist provides the client with the hearing aid manufacturer's apps (online programs) before the hearing aid fitting, to help them learn more about how hearing loss can impact a range of communication functions, and to help identify those social environments that are currently more difficult	3.64 (1.19)	3.50 (0.92)	2.95 (1.45)	3.73 (1.33)
Q14. The audiologist encourages social re-engagement	3.63 (1.02)	4.37 (0.68)	3.34 (1.48)	4.00 (0.97)
Q17. The audiologist works through the pros and cons of being socially active compared to not being socially active	3.59 (1.02)	4.05 (0.97)	3.16 (1.49)	3.69 (1.01)

Q44. The audiologist works with the client to develop a plan for how they will get back into the community now that they have improved hearing (after hearing aid or cochlear implant fitting)	3.20 (1.16)	4.33 (0.69)	3.00 (1.29)	3.53 (1.19)
Q11. The audiologist asks the client whether their religious centre has an audio induction loop (a system that sends the sound from the PA microphones to the hearing aid)	3.04 (1.26)	3.58 (1.22)	2.70 (1.64)	2.81 (1.60)
<i>Including Communication Partners (6 items)</i>	<i>3.34 (0.99)</i>	<i>4.07 (0.49)</i>	<i>2.91 (1.09)</i>	<i>3.60 (1.11)</i>
Q2. The audiologist includes the client's significant others - jointly identifying communication and social needs as well as development of a joint action plan	3.37 (1.21)	4.63 (0.50)	3.50 (1.41)	3.94 (1.29)
Q10. The audiologist educates the client's family on how to support someone with hearing loss, which helps take the responsibility off the person with hearing loss	3.37 (1.03)	4.32 (0.48)	3.14 (1.49)	4.00 (1.15)
Q50. The audiologist invites family members into appointments and asks their perspective on how communication is going at home	3.31 (1.20)	4.44 (0.62)	3.27 (1.59)	3.67 (1.72)
Q62. The audiologist allows the client to direct part of the appointment, for example, asking them to teach the family member present how to best communicate with someone with hearing loss	3.07 (1.09)	4.00 (0.84)	2.82 (1.28)	3.33 (1.35)
Q38. The audiologist provides the opportunity for family members to experience hearing loss, such as using computer-based hearing loss simulators or ear plugs	3.00 (1.28)	3.61 (0.78)	2.36 (1.37)	3.40 (1.35)
Q21. The audiologist arranges to spend time alone with the client and also alone with the family member, as they might be too embarrassed to discuss their concerns in front of each other	2.88 (1.30)	3.17 (0.99)	2.36 (1.16)	3.13 (1.36)
<i>Facilitating Peer and Other Professional Support (12 items)</i>	<i>3.13 (1.02)</i>	<i>3.82 (0.56)</i>	<i>2.52 (1.04)</i>	<i>3.17 (1.15)</i>

Q29. The audiologist refers clients to hearing therapy (a counselling and support service for people living with hearing loss)	3.55 (1.25)	4.06 (0.42)	2.75 (1.33)	3.87 (1.19)
Q60. The audiologist refers the client for counselling if they are struggling with isolation and loneliness	3.43 (1.42)	4.39 (0.78)	2.89 (1.40)	3.20 (1.61)
Q58. The audiologist runs group sessions to educate clients on how to overcome the effects that hearing loss can have on people's social and emotional well-being	3.37 (1.24)	3.94 (0.73)	2.55 (1.32)	3.40 (1.55)
Q59. The audiologist sets up support groups to facilitate discussion on hearing loss and the effects it can have on people's social and emotional well-being	3.37 (1.22)	3.72 (0.75)	2.20 (1.19)	3.13 (1.51)
Q25. The audiologist helps the client to gain access to workplace support	3.33 (1.31)	4.11 (0.90)	2.86 (1.47)	3.00 (1.56)
Q3. The audiologist provides information on local mental health services to help address the issues relating to isolation and loneliness	3.17 (1.23)	3.58 (1.02)	2.68 (1.34)	3.19 (1.17)
Q51. The audiologist informs the client of local activities held for people who are hard of hearing	3.13 (1.34)	3.89 (0.47)	2.59 (1.34)	3.27 (1.33)
Q22. The audiologist connects clients with community organisations that support adults experiencing loneliness	3.08 (1.33)	3.83 (0.86)	2.50 (1.32)	3.40 (1.30)
Q63. The audiologist refers client to an occupational therapist to help with hearing safety in the home	3.07 (1.26)	3.61 (1.29)	2.43 (1.39)	3.00 (1.46)
Q7. The audiologist suggests that the client joins local volunteer services to increase their social participation	2.90 (1.03)	3.00 (0.82)	2.23 (1.12)	3.25 (1.13)
Q34. The audiologist refers the client to a social worker to support with long term goals of social re-integration	2.77 (1.24)	3.72 (0.89)	2.25 (1.28)	2.67 (1.45)
Q30. The audiologist encourages clients to join Social Media Groups, such as Facebook, so that they can discuss their hardships and successes with people experiencing similar challenges	2.72 (1.23)	3.39 (0.85)	2.30 (1.34)	2.73 (1.39)