**Supplemental Material 5**

**Completed TIDieR checklist**



**The TIDieR (Template for Intervention Description and Replication) Checklist**

Information to include when describing an intervention and the location of the information

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| **Item no** | **Item** |  |  |
| hearing health care professionals (HHPs) | patients |
|  | **BRIEF NAME** |  |  |
| **1.** | Provide the name or a phrase that describes the intervention. | Intervention to implement an ICF-based e-intake tool in clinical oto-audiology practice | |
|  | **WHY** |  |  |
| **2.** | Describe any rationale, theory, or goal of the elements essential to the intervention. | Implementation of new tools in clinical practice is challenging and requires a theory-based approach. An existing issue limiting successful implementation is failing to identifying and addressing clinicians’ barriers to use the tool, and acting on them. An intervention was developed using the theory-based Behaviour Change Wheel method. The aim was to implement an ICF-based e-intake tool (further referred to as intake tool) to be used by hearing health care professionals (HHPs) and patients in clinical oto-audiology practice. | |

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|  | **WHAT** |  |  |
| **3.** | Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL). | 1. Workshop: education and training; 2. Written manual for using the tool: educational and instructional material; 3. Local opinion leaders leading the workshop and offering social support (instrumentally and emotionally). 4. Environmental resources: optimal digital design and functionalities of the intake tool (including supporting instruments to help hearing health professionals interpret the patient’s functioning profile and to guide their further actions).   Further details are provided in the manuscript. | 1. Informational material (including persuasive communication techniques); 2. Environmental resources: multiple administration methods and optimal design of the intake tool.   Further details are provided in the manuscript. |
| **4.** | Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities. | The intervention covers nine behaviour change techniques targeted at HHPs. The educational and instructional materials, and workshop aims to: optimize professionals’ knowledge about the background on the intake tool, foster their awareness of the importance of using the intake tool, teach them skills and increase their self-efficacy, and address any negative beliefs they might have. The environmental resources will be addressed such that the practical use of the tool is as (time-)efficient as possible. The support of an opinion leader will enhance motivation, and will be used for feedback and social support.  Further details are provided in the manuscript. | The intervention consist of three behaviour change techniques targeted at patients, which will be provided along with the intake tool.  Further details are provided in the manuscript. |
|  | **WHO PROVIDED** |  |  |
| **5.** | For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given. | * HHPs will receive a one-time workshop divided in an educational- and a training part, and is provided by a local opinion leader (staff member). * Local opinion leaders will be selected and briefed by the research team. These opinion leaders will be provided with the manual and workshop material. Opinion leaders are deployed per department (University Audiology Center and section of Otology), and include staff members (one staff audiologists and one staff otologists). * HHPs will receive the intake tool via an online software system. | Patients will receive the intake tool via an online software system. |

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|  | **HOW** |  |  |
| **6.** | Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group. | * The workshop will be delivered in a face to face group session by the opinion leader (one for audiologists, one for otologists). * Educational and instructional material will be delivered via a written manual. * The intake tool and its desired functionalities (details are provided in the manuscript) will be provided via an online software system (preferably integrated in the patient record system). | Delivered in/ along with the intake tool, which will be provided via an online portal (preferably integrated in the patient record system). A paper version will serve as back-up for those patients who would otherwise decline the use of the intake tool. |
|  | **WHERE** |  |  |
| **7.** | Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features. | The intervention will be delivered at University Audiology Center and section of Otology of the the department of Otolaryngology- Head and Neck Surgery of the Amsterdam UMC, location VUmc, Amsterdam, The Netherlands. | N/A (incorporated into the intake tool, which will be provided to patients digitally, at their home). |
|  | **WHEN and HOW MUCH** |  |  |
| **8.** | Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose. | Workshop for HHPs will be delivered once, before actual implementation of the intake tool. Duration of the workshop needs to be further specified during the concrete content development of the workshop. | Patients will be asked to fill in the intake tool before their intake consultation. Both the patient and the HHP will use the intake tool during the intake appointment. |

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|  | **TAILORING** |  |  |
| **9.** | If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how. | N/A (intervention not yet delivered). | N/A (intervention not yet delivered). |
|  | **MODIFICATIONS** |  |  |
| **10.ǂ** | If the intervention was modified during the course of the study, describe the changes (what, why, when, and how). | N/A (intervention not yet delivered). | N/A (intervention not yet delivered). |
|  | **HOW WELL** |  |  |
| **11.** | Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them. | Fidelity of the intervention will need to be assessed in future research. | Fidelity of the intervention will need to be assessed in future research. |
| **12.ǂ** | Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned. | N/A (intake tool not yet implemented). | N/A (intake tool not yet implemented). |

\*\* **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use ‘?’ if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

ǂ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.  
\* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

\* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see [www.consort-statement.org](http://www.consort-statement.org)) as an extension of **Item 5 of the CONSORT 2010 Statement.** When a **clinical trial** **protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see [www.spirit-statement.org](http://www.spirit-statement.org)). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see [www.equator-network.org](http://www.equator-network.org)).