**Supplemental Material 4**

**Step 7: Identification of Behaviour Change Techniques**

Identified Behaviour Change Techniques (BCTs) for hearing health professionals:

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| **Selected intervention function** | **Most frequently used BCTs** | **BCT Taxonomy (v1) code** | **Definition**  | **APEASE/ consensus** | **Elaboration**  |
| Education  | Information about health consequences | 5.1 | Provide information (e.g. written, verbal, visual) about health consequences of performing the behaviour | YES | Verbal and written information could be provided by outlining: the importance of an accurate intake process; the potential benefits of that process for the further rehabilitation pathway (potentially leading to improved health outcomes); and the supportive purpose of the tool (not intended to make the professional treat complaints beyond their expertise) (providing this positive information is also related to the component ‘Persuasion’). |
|  | Information about social and environmental consequences | 5.3 | Provide information (e.g. written, verbal, visual) about social and environmental consequences of performing the behaviour | YES |
|  | Feedback on behaviour | 2.2 | Monitor and provide informative or evaluative feedback on performance of the behaviour (e.g., form, frequency, duration, intensity) | YES | Hearing health professionals could be provided with (verbal) feedback on their behaviour in using the intake tool during the training session and when implemented in clinical practice. Audit and feedback are known to be promising techniques to improve (routine) use of patient reported outcome measures. |
|  | Self-monitoring of behaviour | 2.3 | Establish a method for the person to monitor and record their behaviours as part of a behaviour change strategy | NO | Not considered acceptable; not considered practicable to implement. |
|  | Feedback on outcome(s) of the behaviour | 2.7 | Monitor and provide feedback on the outcome of performance of the behaviour | NO | It is beyond the scope of the current study to provide information on the outcome(s) of the behaviour (health consequences for patients).  |
|  | Prompts/cues | 7.1 | Introduce or define environmental or social stimulus with the purpose of promoting or cueing the behaviour  | YES | Digital cues could be built in the digital system to prompt the use of the intake tool. Hearing health care professionals indicated the need for techniques (cues) to guide their actions (i.e., treatments or referral opportunities). Also in scientific literature, it has been suggested that a helpful strategy towards clinicians using patient reported outcome measures is to define clinical triggers for interventions. For example, specific items that exceed some threshold can be highlighted on the functioning profile for the hearing health professional who can then offer referrals, specific treatment, etc. There is supportive evidence for cueing results with interventions/treatments/referral pathways(also related to the component ‘environmental restructuring’). |
| Persuasion | Credible source | 9.1 | Present verbal or visual communication from a credible source in favour of or against the behaviour | YES | In implementation literature it has been suggested that the engagement of “local opinion leaders” may form an important technique to overcome clinician barriers relating to their motivation to adopt new forms of clinical practice.  |
|  | Information about health consequences | 5.1 | Provide information (e.g. written, verbal, visual) about health consequences of performing the behaviour | YES | See ‘Education’ component above. |
|  | Information about social and environmental consequences | 5.3 | Provide information (e.g. written, verbal, visual) about social and environmental consequences of performing the behaviour | YES | See ‘Education’ component above. |
|  | Feedback on behaviour | 2.2 | Monitor and provide informative or evaluative feedback on performance of the behaviour (e.g., form, frequency, duration, intensity) | YES | See ‘Education’ component above. |
|  | Feedback on outcome(s) of the behaviour | 2.7 | Monitor and provide feedback on the outcome of performance of the behaviour | NO | See ‘Education’ component above. |
| Training | Instruction on how to perform the behaviour | 4.1 | Advise or agree on how to perform the behaviour (includes skill training) | YES | Verbal and written information could be provided to instruct the hearing health professionals on how to use the (results of) the intake tool. In addition, they could be provided with a demonstration of how to use the intake tool, and subsequently be given the opportunity to practice their skills in using the intake tool. Using local opinion leaders to demonstrate the desired behaviour (also related to the component ‘environmental restructuring’; ‘credible source’) and role-play exercises to practice the behaviour, are recommended by various peer-reviewed scientific articles.  |
|  | Demonstration of the behaviour | 6.1 | Provide an observable sample of the performance of the behaviour, directly in person or indirectly e.g. via film, pictures, for the person to aspire to or imitate (includes modelling) | YES |
|  | Behavioural practice and rehearsal | 8.1 | Promote practice or rehearsal of the performance of the behaviour one or more times in a context or at a time when the performance may not be necessary, in order to increase habit and skill | YES |
|  | Feedback on behaviour | 2.2 | Monitor and provide informative or evaluative feedback on performance of the behaviour (e.g., form, frequency, duration, intensity) | YES | See ‘Education’ component above. |
|  | Self-monitoring of behaviour | 2.3 | Establish a method for the person to monitor and record their behaviours as part of a behaviour change strategy | NO | See ‘Education’ component above. |
|  | Feedback on outcome(s) of behaviour | 2.7 | Monitor and provide feedback on the outcome of performance of the behaviour | NO | See ‘Education’ component above. |
| Environmental restructuring | Prompts/ cues | 7.1 | Introduce or define environmental or social stimulus with the purpose of promoting or cueing the behaviour  | YES | Refer to ‘education’ component above. These digital stimuli need to be developed and adopted in the digital system. |
|  | Restructuring the physical environment | 12.1 | Change, or advise to change the physical environment in order to facilitate performance of the wanted behaviour or create barriers to the unwanted behaviour  | YES | Changes to the existing digital environment (e.g., electronic patient record system) could be made to facilitate the practical use of the intake tool. In addition, in order to facilitate use of the intake tool, the design and functionalities of the intake tool need to meet the preferences and needs of the hearing health professionals as much as possible. |
|  | Adding objects to the environment | 12.5 | Add objects to the environment in order to facilitate performance of the behaviour  | YES |
| Modelling  | Demonstration of the behaviour | 6.1 | Provide an observable sample of the performance of the behaviour, directly in person or indirectly e.g. via film, pictures, for the person to aspire to or imitate (includes modelling) | YES | Refer to ‘training’ component above, which could be provided by a local opinion leader (also related to the component ‘persuasion’, and the technique ‘credible source’). |
| Enablement | Social support | 3.1 | Advise on, arrange or provide social support (e.g. from friends, relatives, colleagues, or staff) or non-contingent praise or reward for performance of the behaviour | YES | By means of a local opinion leader (also related to the component ‘persuasion’, and the technique ‘credible source’).Indirectly by means of (staff) colleagues, with which the workshop has been followed together and who can help each other during implementation. |
|  | Social support (practical) | 3.2 | Advise on, arrange, or provide practical help (e.g. from friends, relatives, colleagues, or staff) for performance of the behaviour  | YES |
|  | Goal setting (behaviour) | 1.1 | Set or agree a goal defined in terms of the behaviour to be achieved | NO | Not yet, not practicable at this stage. |
|  | Problem solving | 1.2 | Analyse, or prompt the person to analyses, factors influencing the behaviour and generate or select strategies that include overcoming barriers and/or increasing facilitators | NO | Implementation strategies are based on enablers and barriers towards the use of the intake tool, and it is agreed that monitoring this during and after implementation is needed to inform additional implementation strategies when needed. |
|  | Goal setting (outcome) | 1.3 | Set or agree a goal defined in terms of a positive outcome of wanted behaviour | NO | Not yet, not practicable at this stage. |
|  | Action planning | 1.4 | Prompt detailed planning of performance of the behaviour (must include at least one of context, frequency, duration and intension) | NO | Not considered practicable. |
|  | Review behaviour goals | 1.5 | Review behaviour goal(s) jointly with the person and consider modifying goals or behaviour change strategy in light of achievement  | NO | Equivalent to ‘feedback on behaviour’. See ‘Education’ component above. |
|  | Review outcome goals  | 1.7 | Review outcome goal(s) jointly with the person and consider modifying goals(s) in light of achievement | NO | Not yet, part of future evaluation studies. |
|  | Self-monitoring of behaviour | 2.3 | Establish a method for the person to monitor and record their behaviours as part of a behaviour change strategy | NO | See ‘Education’ component above. |
|  | Restructuring the physical environment | 12.1 | Change, or advise to change the physical environment in order to facilitate performance of the wanted behaviour or create barriers to the unwanted behaviour  | YES | See ‘Environmental restructuring’ component above. |
|  | Adding objects to the environment | 12.5 | Add objects to the environment in order to facilitate performance of the behaviour  | YES |

Identified Behaviour Change Techniques (BCTs) for patients:

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| **Selected intervention functions** | **Most frequently used BCT** | **BCT Taxonomy (v1) code** | **Definition**  | **APEASE/ consensus** | **Elaboration**  |
| Education  | Information about health consequences | 5.1 | Provide information (e.g. written, verbal, visual) about health consequences of performing the behaviour | YES | Written information could be provided by outlining the potential relevance and the purpose of the intake tool. Patients indicated this was important to enable the use of the intake tool.  |
|  | Information about social and environmental consequences | 5.3 | Provide information (e.g. written, verbal, visual) about social and environmental consequences of performing the behaviour | YES |
|  | Feedback on behaviour | 2.2 | Monitor and provide informative or evaluative feedback on performance of the behaviour (e.g., form, frequency, duration, intensity) | NO | Not practicable to deliver in this stage of the project (relevant behaviour will not be monitored). |
|  | Self-monitoring of behaviour | 2.3 | Establish a method for the person to monitor and record their behaviours as part of a behaviour change strategy | NO | Not considered feasible/ practicable to implement (relevant behaviour will not be monitored). |
|  | Feedback on outcome(s) of the behaviour | 2.7 | Monitor and provide feedback on the outcome of performance of the behaviour | NO | Beyond the scope of this project. |
|  | Prompts/cues | 7.1 | Introduce or define environmental or social stimulus with the purpose of promoting or cueing the behaviour  | NO | Not considered applicable. |
| Education (training) | Instruction on how to perform the behaviour | 4.1 | Advise or agree on how to perform the behaviour (includes skill training) | YES | Written information could be provided with instructions on how to fill out the intake tool. Patients indicated that instructions are important to adequately fill in the intake tool.  |
| Persuasion | Credible source | 9.1 | Present verbal or visual communication from a credible source in favour of or against the behaviour | NO | Not relevant in the context of this study. |
|  | Information about health consequences | 5.1 | Provide information (e.g. written, verbal, visual) about health consequences of performing the behaviour | YES | See ‘Education’ component above. |
|  | Information about social and environmental consequences | 5.3 | Provide information (e.g. written, verbal, visual) about social and environmental consequences of performing the behaviour | YES | See ‘Education’ component above. |
|  | Feedback on behaviour | 2.2 | Monitor and provide informative or evaluative feedback on performance of the behaviour (e.g., form, frequency, duration, intensity) | NO | See ‘Education’ component above. |
|  | Feedback on outcome(s) of the behaviour | 2.7 | Monitor and provide feedback on the outcome of performance of the behaviour | NO | See ‘Education’ component above. |
| Environmental restructuring | Prompts/ cues | 7.1 | Introduce or define environmental or social stimulus with the purpose of promoting or cueing the behaviour  | NO | See ‘Education’ component above. |
|  | Restructuring the physical environment | 12.1 | Change, or advise to change the physical environment in order to facilitate performance of the wanted behaviour or create barriers to the unwanted behaviour  | YES | * The design and administration of the intake tool needs to meet the preferences and needs of the patients.
* Electronic administration of the intake tool pushed out via automated (invitation)letters, with backup data collection via secretary (e.g., iPads in clinics).
 |
|  | Adding objects to the environment | 12.5 | Add objects to the environment in order to facilitate performance of the behaviour  | YES |
| Enablement | Social support | 3.1 | Advise on, arrange or provide social support (e.g. from friends, relatives, colleagues, or staff) or non-contingent praise or reward for performance of the behaviour | NO | Not considered practicable/ feasible. |
|  | Social support (practical) | 3.2 | Advise on, arrange, or provide practical help (e.g. from friends, relatives, colleagues, or staff) for performance of the behaviour  | YES | Written advise could be provided to the patient to ask a caretaker to help fill out the intake tool when needed.Provision of a helpdesk number for assistance or help with the intake tool when needed. |
|  | Goal setting (behaviour) | 1.1 | Set or agree a goal defined in terms of the behaviour to be achieved | NO | Not considered applicable. |
|  | Problem solving | 1.2 | Analyse, or prompt the person to analyses, factors influencing the behaviour and generate or select strategies that include overcoming barriers and/or increasing facilitators | NO | Implementation strategies are based on enablers and barriers towards the use of the intake tool, and it is agreed that monitoring this during and after implementation is needed to inform additional implementation strategies when needed. |
|  | Goal setting (outcome) | 1.3 | Set or agree a goal defined in terms of a positive outcome of wanted behaviour | NO | Not feasible and beyond the scope of this project. |
|  | Action planning | 1.4 | Prompt detailed planning of performance of the behaviour (must include at least one of context, frequency, duration and intension) | NO | Not feasible and beyond the scope of this project. |
|  | Review behaviour goals | 1.5 | Review behaviour goal(s) jointly with the person and consider modifying goals or behaviour change strategy in light of achievement  | NO | Not feasible and beyond the scope of this project. |
|  | Review outcome goals  | 1.7 | Review outcome goal(s) jointly with the person and consider modifying goals(s) in light of achievement | NO | Not feasible and beyond the scope of this project. |
|  | Self-monitoring of behaviour | 2.3 | Establish a method for the person to monitor and record their behaviours as part of a behaviour change strategy | NO | See ‘Education’ component above. |
|  | Adding objects to the environment | 12.5 | Add objects to the environment in order to facilitate performance of the behaviour  | YES | See ‘Environmental restructuring’ component above. |
|  | Restructuring the physical environment | 12.1 | Change, or advise to change the physical environment in order to facilitate performance of the wanted behaviour or create barriers to the unwanted behaviour  | YES |