**Supplemental Material 3**

**Step 6: Identification of policy categories**

Identified policy categories for hearing health professionals:

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| **Policy category**  Definition | **Does the policy category meet APEASE criteria?** | **Elaboration** |
| **Communication/ marketing**  Using print, electronic, telephonic, or broadcast media | NO | Marketing was not thought to be desirable in this stage of the project. |
| **Guidelines**  Creating documents that recommend or mandate practice. This includes all changes to service provision | YES | * Affordability: Covered within project budget. * Practicability: Creating a manual that includes educational material and guidelines that explain and recommend how to use (the results of) the intake tool. * Effectiveness: Uncertain, but preliminary evidence and recommendations are reported in various peer-reviewed scientific articles. * Acceptability: Hearing health professionals indicated the need for relevant information via guidelines for score interpretation/ referral pathways to guide their actions. * Side-effects: Minimal. * Equity: No negative impact. |
| **Fiscal measures**  Using the tax system to reduce or increase the financial cost | NO | Fiscal measures were not thought to be acceptable or applicable. |
| **Regulation**  Establishing rules or principles of behaviour or practice | NO | Establishing rules was not thought to be acceptable in this stage of the project. |
| **Legislation**  Making or changing laws | NO | Making laws was not thought to be acceptable in this stage of the project. |
| **Environmental/ social planning**  Designing and/or controlling the physical or social environment | YES | * Affordability: Covered within project budget. * Practicability: Integrating the intake tool in an existing electronic system. This would be considered environmental planning. * Effectiveness: Uncertain, but preliminary evidence stems from other studies in which a tool was integrated into an electronic system was effective in facilitating its use. * Acceptability: Designing/changing the digital environment in order to be able to incorporate the tool in the system was mentioned by the hearing health professionals themselves as a preferred policy. * Side-effects: Minimal. * Equity: No negative impact. |
| **Service provision**  Delivering a service | YES | * Affordability: Covered within project budget. * Practicability: Establishing supportive services (within the intake tool itself and providing education/training) to enable the use of the intake tool. This would be considered provision of services. * Effectiveness: Uncertain. * Acceptability: Hearing health professionals indicated the need for various support services, to enable the successful use of the intake tool. * Side-effects: Minimal. * Equity: No negative impact. |

Identified policy categories for patients:

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| **Policy category**  Definition | **Does the policy category meet APEASE criteria?** | **Support/Literature** |
| **Communication/ marketing**  Using print, electronic, telephonic, or broadcast media | NO | Marketing was not thought to be practicable or acceptable in this stage of the project. |
| **Guidelines**  Creating documents that recommend or mandate practice. This includes all changes to service provision | NO | Guidelines were not thought to be practicable or acceptable. |
| **Fiscal measures**  Using the tax system to reduce or increase the financial cost | NO | Fiscal measures were not thought to be acceptable. |
| **Regulation**  Establishing rules or principles of behaviour or practice | NO | Regulation was not thought to be acceptable. |
| **Legislation**  Making or changing laws | NO | Legislation was not thought to be acceptable. |
| **Environmental/ social planning**  Designing and/or controlling the physical or social environment | YES | * Affordability: Covered within project budget. * Practicability: Integrating the intake tool in an existing electronic system (as requested by patients). This would be considered environmental planning. * Effectiveness: Uncertain, but preliminary evidence stems from other studies in which a tool was integrated into an electronic system was effective in facilitating its use. * Acceptability: A digital format was mentioned by the patients themselves as a preferred policy. * Side-effects: Minimal. * Equity: No negative impact. |
| **Service provision**  Delivering a service | YES | * Affordability: Covered within project budget. * Practicability: Providing the intake tool using an easy administration method and the tool including design features as proposed by the patients. This would be considered provision of services. All services are delivered alongside the intake tool. * Effectiveness: Uncertain, worth evaluating. * Acceptability: Patients were positive about the use in our previous study. * Side-effects: Minimal. * Equity: No negative impact. |