**Supplemental Material 2**

**Step 5: Identification of intervention functions**

Identified intervention functions for hearing health professionals:

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| **Intervention functions**  Definition | **Does the intervention function meet APEASE criteria?** | **Elaboration** |
| **Education**  Increasing knowledge or understanding | YES | * Affordability: Covered within project budget. * Practicability: It could be delivered as a part of a workshop and as part of a written manual. * Effectiveness: Uncertain, but preliminary evidence and recommendations are reported in various peer-reviewed scientific articles. * Acceptability: To prevent resistance by hearing health professionals to use the intake tool is to provide them with relevant solid information justifying the potential relevance in the form of education before its actual implementation. * Side-effects: Minimal. * Equity: No negative impact. |
| **Persuasion**  Using communication to induce positive or negative feelings or stimulate action | YES | * Affordability: Covered within project budget. * Practicability: Persuasive communication could be used during a workshop (verbal) and in the manual (written). Data from patients/ case-stories can be used to show potential benefits of the tool. * Effectiveness: Uncertain, but preliminary evidence and recommendations are reported in various peer-reviewed scientific articles. * Acceptability: Hearing health professionals would welcome relevant education and training. * Side-effects: Minimal. * Equity: No negative impact. |
| **Incentivisation**  Creating an expectation of reward | NO | Creating an expectation of reward was not thought to be acceptable for hearing health professionals who are expected to provide care to patients in an honest and autonomous way. |
| **Coercion**  Creating an expectation of punishment or cost | NO | Creating an expectation of punishment or cost was not thought to be acceptable for hearing health professionals who are expected to provide care to patients in a honest and autonomous way. |
| **Training**  Imparting skills | YES | * Affordability: Covered within project budget. * Practicability: It could be delivered as a training module in a workshop. * Effectiveness: Uncertain, but preliminary evidence and recommendations are reported in various peer-reviewed scientific articles. * Acceptability: To prevent resistance by hearing health professionals to use the intake tool is to provide them with relevant instructions in the form of training before its actual implementation. * Side-effects: Minimal. * Equity: No negative impact. |
| **Restriction**  Using rules to reduce the opportunity to engage in the target behaviour (or to increase the target behaviour by reducing the opportunity to engage in competing behaviours) | NO | It was not thought acceptable or practicable to attempt restricting hearing health professionals’ behaviour who are expected to provide care to patients in a honest and autonomous way. |
| **Environmental restructuring**  Changing the physical or social context | YES | * Affordability: Covered within project budget. * Practicability: Providing the intake tool via a digital application in the hearing health professionals’ (digital) environment was already part of the current project plan. * Effectiveness: Uncertain, but preliminary evidence and recommendations are reported in various peer-reviewed scientific articles. * Acceptability: Hearing health professionals indicated the need for changes in the digital environmental to enable the use of the intake tool. * Side-effects: Minimal. * Equity: No negative impact. |
| **Modelling**  Providing an example of people to aspire to or imitate | YES | * Affordability: Covered within budget. * Practicability: A “local opinion leader” (staff member) could model the targeted behaviours for their colleagues. * Effectiveness: Uncertain, but preliminary evidence and recommendations are reported in various peer-reviewed scientific articles. * Acceptability: It is thought that the provision of models for the target behaviour of using the intake tool would be acceptable. * Side-effects: Minimal. * Equity: No negative impact. |
| **Enablement**  Increasing means/ reducing barriers to increase capability (beyond education and training) and opportunity (beyond environmental restructuring) | YES | * Affordability: Covered within project budget. * Practicability: Providing the intake tool via a digital application is part of the current project plan, including implementing various functionalities in the intake tool that would adhere to the hearing health professionals’ preferences and needs. * Effectiveness: Uncertain, but preliminary evidence and recommendations are reported in various peer-reviewed scientific articles. * Acceptability: Hearing health professionals indicated the need for materials/ digital environments that would enable their use of the intake tool, and reduce the barriers to use the tool. * Side-effects: Minimal. * Equity: No negative impact. |

Identified intervention functions for patients:

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| **Intervention function**  Definition | **Does the intervention function meet APEASE criteria?** | **Literature** |
| **Education**  Increasing knowledge or understanding | YES | * Affordability: Covered within project budget. * Practicability: Could be provided alongside the provision of the intake tool in an information letter. * Effectiveness: Uncertain, but preliminary evidence and recommendations are reported in various peer-reviewed scientific articles. * Acceptability: Patients indicated the need for relevant information on purpose, potential relevance, and privacy of the intake tool. * Side-effects: Minimal. * Equity: No negative impact, but literacy should be taken into account and adequate readability and interpretability ensured. These aspects have been considered in the further development process of the intake tool and will be further tested in a field-test study. |
| **Persuasion**  Using communication to induce positive or negative feelings or stimulate action | YES | * Affordability: Covered within project budget. * Practicability: Persuasive communication could be used in the information letter. * Effectiveness: Uncertain, but preliminary evidence and recommendations are reported in various peer-reviewed scientific articles. * Acceptability: Patients indicated the need for information on the potential positive benefits of the tool, and it is thought that using persuasive communication techniques could reinforce this. * Side-effects: Minimal, the choice to use the tool is up to the patient and will not have a negative impact on the treatment. This will be stated explicitly in the information letter. * Equity: No negative impact. |
| **Incentivisation**  Creating an expectation of reward | NO | Creating an expectation of reward was not thought to be acceptable for patients, who should receive the best possible care independently of using the intake tool. |
| **Coercion**  Creating an expectation of punishment or cost | NO | Creating an expectation of punishment or cost was not thought to be acceptable for patients, who should receive the best possible care independently of using the intake tool. |
| **Training**  Imparting skills | NO | It was not thought to be practicable to organize a separate training event for patients. |
| **Restriction**  Using rules to reduce the opportunity to engage in the target behaviour (or to increase the target behaviour by reducing the opportunity to engage in competing behaviours) | NO | Restriction was not thought to be acceptable for patients, who should receive the best possible care independently of using the intake tool. |
| **Environmental restructuring**  Changing the physical or social context | YES | * Affordability: Covered within project budget allocations. * Practicability: Providing the intake tool via electronic administration was already part of the current project plan. * Effectiveness: Uncertain, but preliminary evidence and recommendations are reported in various peer-reviewed scientific articles. * Acceptability: Patients indicated the preference for a digital tool to be filled out at home. Most patients have access to the internet. * Side-effects: Minimal. * Equity: No negative impact, efforts should be made to ensure an easily accessible and simple user interface. An paper-pencil version should be available for patients who would otherwise decline using the tool. |
| **Modelling**  Providing an example of people to aspire to or imitate | NO | It was not considered necessary to use modelling to motivate patients to use the intake tool, as was indicated by our previous qualitative study. |
| **Enablement**  Increasing means/ reducing barriers to increase capability (beyond education and training) and opportunity (beyond environmental restructuring) | YES | * Affordability: Covered within project budget allocations. * Practicability: Providing the intake tool via a digital application that is easily accessible is part of the current project plan, including implementing design features in the intake tool that would adhere to the patients’ preferences and needs. * Effectiveness: Uncertain, but preliminary evidence and recommendations in various peer-reviewed research articles. * Acceptability: Patients mentioned a number of practical enablers and barriers that will be taken into account in the design and administration of the tool. * Side-effects: Minimal. * Equity: No negative impact, efforts should be made to ensure readability and interpretability by patients: reading level, font size, and general appearance. |