**Appendix**

**Appendix 1: Questionnaire Following Wax Removal**

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Cardiff School of Sport and Health Sciences

Centre for Speech and Language Therapy and Hearing Science Cardiff Metropolitan University Western Avenue Cardiff

CF5 2YB

**Title of Project: Microsuction Earwax Removal and Risk of Hearing Loss**

Reference Number: PGT-982

Participant ID number:

Name of Researcher: Trevor Cronin

**QUESTIONNAIRE FOLLOWING WAX REMOVAL**

Please complete the following questionnaire:

Are you: [ ] Male [ ] Female

What age are you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had ear wax removed before? [ ] Yes [ ] No

If yes, please tick which method(s) you’ve experienced:

[ ] Microsuction [ ] Irrigation [ ] Manual [ ] Syringe (old method)

Any comments on that procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate today’s procedure, in terms of pain:

** **

**None 1 2 3 4 5 6 7 8 9 10 Painful**

Please rate today’s procedure, in terms of discomfort (e.g. noise, time taken to complete):

** **

**None 1 2 3 4 5 6 7 8 9 10 Uncomfortable**

Any comments on today’s procedure:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you prefer it to previous methods of removal, if relevant? [ ] Yes [ ] No

If no, which method do you prefer? ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you think your hearing has improved after procedure? [ ] Yes [ ] No

Do you think your hearing is worse after procedure? [ ] Yes [ ] No