

## PRE-TESTING QUESTIONNAIRE FOR PARTICIPANTS

Participant number:	
Date completed:	
Field worker number:	
Participant contact number:	
Participant contact number: (Alternative)	

### Pretesting questionnaire (for all participants)

1. Which of the following cases (sentences/statements) best describe *how you feel about your hearing* at the moment?

<input type="checkbox"/>	I do not think I have a hearing problem.
<input type="checkbox"/>	I think I have a hearing problem. However, I am not yet ready to take any action to solve the problem, but I might do so in the future.
<input type="checkbox"/>	I know I have a hearing problem, and I intend to take action to solve it soon.
<input type="checkbox"/>	I know I have a hearing problem, and I am here to take action to solve it now.
<input type="checkbox"/>	None of these symptoms.

2. For how long have you had a problem with your hearing? (Ask the participant to specify, i.e., 6 months, 3 years, or longer than 10 years)

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3. Do you have any of the following symptoms?

<input type="checkbox"/>	Sudden hearing loss: You woke up one morning and suddenly could not hear as well as you could the day before
<input type="checkbox"/>	You hear a ringing (shh shh sounds) in your ears that is very loud and sounds like a heartbeat.
<input type="checkbox"/>	Hearing loss in one ear only.
<input type="checkbox"/>	You often feel dizzy.
<input type="checkbox"/>	None of these symptoms.

4. Do you or someone in your home have a phone that can receive WhatsApp and/or SMSs?

	WhatsApp
	SMS
	No

**If SMS or WhatsApp who has a phone**

	Participant themselves
	Household member

If only a household member has a phone, who is this household member? (e.g. child, sister, uncle etc.) What is their contact number? \_\_\_\_\_

5. How comfortable are you in using a phone?

	I can receive phone calls.
	I know how to make and receive calls.
	I can make and receive calls and send and receive text messages via SMS.
	I can make and receive calls and send and receive text messages via WhatsApp.
	I need someone at home to help me use the phone.

6. Have you had your hearing tested before?

	Yes
	No
	Unsure

7. If yes, can you tell us where and what the results were?

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8. Do you have a hearing aid?

	Yes
	No

**If yes,** do you use your hearing aid? Can you tell us why not if you do not use your hearing aid?

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9. Have you had an ear infection or discharge from the ears in the last two years?

	Yes
	No
	Unsure

**If yes,** did you seek treatment? Was it a once-off problem or did the infection come back a few times?

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