**Appendix 1 (as supplied by the authors): Study survey (administered via interview format)**

*"The first part of our survey is just a way for us to get to know a little bit about you."*

**☐ Participant was given a copy of the information sheet (Exhibit 1)**
**☐ Participant has provided verbal consent**

| **Participant ID Number** | **Date of Survey (dd/mm/yy)** ___ ___/ ___ ___/ ___ ___ | **Interviewer's Initials** |
|---|---|---|
| **Start Time:** : | **Finish Time:** : | **Total Time (min):** *do not include breaks |

| **Age:** _____ | **Sex:** ☐ Male ☐ Female | **Ethnicity:** ☐ White ☐ Black ☐ Aboriginal ☐ East Asian ☐ South Asian ☐ Other: | **Marital Status:** ☐ Single ☐ Married/Common Law ☐ Divorced/separated |
|---|---|---|---|
| **Do you have any of the following medical or health issues?** | | | |
| ☐HIV<br>☐Hep B/C<br>☐IV drug use<br>☐Non IV drug use | ☐ Diabetes mellitus<br>☐ High blood pressure<br>☐ Heart disease<br>☐ Asthma | ☐ Alcohol use<br>☐ Depression<br>☐ Schizophrenia<br>☐ Osteoarthritis | ☐ Tuberculosis<br>☐ Smoking (PY ____)<br>☐Other: _____ |
| **Over your entire lifetime, how long have you been homeless?** _____ | | | |

| **Highest Education Achieved:** | **Monthly Income:** |
|---|---|
| ☐ Less than elementary school (≤ Grade 5)<br>☐ Junior high school (Grade 6-8)<br>☐ High school (no graduation)<br>☐ High school with graduation | ☐ Less than $500<br>☐ $500-1000<br>☐ >$1000 |

| | |
|---|---|
| ☐ Some college education | |

| | |
|---|---|
| **1.1** Do you have ODSP, Workman's Compensation, or any form of drug plan? | ☐ Yes<br>☐ No *Go to 1.4*<br>☐ Don't know *Go to 1.4* |
| **1.2** Do you know if your insurance covers hearing tests? | ☐ Yes<br>☐ No<br>☐ Don't Know |
| **1.3** Do you know if your insurance covers prescription hearing aids? | ☐ Yes<br>☐ No<br>☐ Don't Know |
| **1.4** Do you currently own hearing aids or have a cochlear implant? | ☐ Yes<br>☐ Hearing Aids<br>☐ Cochlear Implant<br>☐ No<br>☐ Don't know |
| **1.5** Have you ever used hearing aids or cochlear implants in the past? | ☐ Yes<br>☐ Hearing Aids<br>☐ Cochlear Implants<br>☐ No<br>☐ Don't know |
| **1.6** Have you ever been diagnosed with an ear condition or hearing loss? | ☐ Yes _____<br>☐ No<br>☐ Don't know |
| **1.7** Are you taking any ear drops (liquid medication for your eyes)? | ☐ Yes<br>What are the names of the drops (or the color/appearance of the eyedrop bottle)?_____<br>_☐ No☐ Don't know |
| **1.8** Have you ever had a surgery and/or procedure done on your ears? | ☐ Yes _____<br>☐ Left<br>☐ Right<br>☐ No<br>☐ Don't know |

SECTION II: Noise Exposure

| | |
|---|---|
| **2.1** Thinking of all the jobs you have ever had, have you ever been exposed to loud | ☐ Yes<br>☐ No *Go to 3.1* |

| | |
|---|---|
| noise at work for at least three months? (Loud noise = noise that is so loud that you had to speak in a raised voice to be heard) | |
| **2.2** On average, how many hours per day are you currently exposed to this loud noise? | ☐ _____ |
| **2.3** For how many consecutive months have you been exposed to this loud noise? | ☐ _____ |

SECTION III: SUBJECTIVE MEASURE OF HEARING

"This part of the survey is meant to tell us some more information about your hearing. Please answer 'Yes' or 'No' to the following questions"

| | |
|---|---|
| **3.1** Are you able to hear at all? | ☐ Yes<br>☐ No -> Go to Section III |
| **3.2** Are you usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid? | ☐ Yes Go to 3.4<br>☐ No |
| **3.3** Are you usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid? | ☐ Yes<br>☐ No |
| **3.4** Are you able to hear what is said in a conversation with at least three other people without a hearing aid? | ☐ Yes -> Go to Section III<br>☐ No |
| **3.5** Are you able to hear what is said in a conversation with at least three other people with a hearing aid? | ☐ Yes<br>☐ No |

SECTION V: Hearing Handicap Screening Questionnaire for Adults

If you use a hearing aid, please answer according to the way you hear with the aid.

| | |
|---|---|
| **4.1** Does a hearing problem cause you to feel embarrassed when you meet new people? | ☐ Yes<br>☐ Sometimes<br>☐ No |
| **4.2** Does a hearing problem cause you to feel frustrated when talking to friends or members of your family? | ☐ Yes<br>☐ Sometimes<br>☐ No |
| **4.3** Do you have difficulty hearing/understanding social workers, service providers, or others in a work setting? | ☐ Yes<br>☐ Sometimes<br>☐ No |

| | |
|---|---|
| **4.4** Do you feel handicapped by a hearing problem? | ☐ Yes<br>☐ Sometimes<br>☐ No |
| **4.5** Does a hearing problem cause you difficulty when visiting friends or relatives? | ☐ Yes<br>☐ Sometimes<br>☐ No |
| **4.6** Does a hearing problem cause you difficulty in the movies or in the theatre? | ☐ Yes<br>☐ Sometimes<br>☐ No |
| **4.7** Does a hearing problem cause you to have arguments with friends or family members? | ☐ Yes<br>☐ Sometimes<br>☐ No |
| **4.8** Does a hearing problem cause you difficulty when listening to TV or radio? | ☐ Yes<br>☐ Sometimes<br>☐ No |
| **4.9** Do you feel that any difficulty with your hearing limits or hampers your personal or social life? | ☐ Yes<br>☐ Sometimes<br>☐ No |
| **4.10** Does a hearing problem cause you difficulty when in a crowded setting (for example, lunch or dinner)? | ☐ Yes<br>☐ Sometimes<br>☐ No |

SECTION V: ACCESS TO CARE

"This part of the survey is supposed to determine how accessible hearing and ear care services are to you"

| | |
|---|---|
| **5.1** Are you satisfied with your hearing? | ☐ Yes<br>☐ No<br>Why not? _____ |
| **5.2** Have you ever seen an audiologist or ear nose throat doctor? | ☐ Yes _____<br>☐ No |

| | |
|---|---|
| **5.3** Have you had an ear or hearing problem in the last year? | ☐ Yes<br>What?_____<br>☐ No → *Go to Section 3.5* |
| **5.4** Were you able to access care for this problem? | ☐Yes How?_____<br>☐ No |
| **5.5** If free hearing tests were available in downtown Toronto would you use this service? | ☐ Yes☐ No → *Go to H& N Exam* |
| **5.6** Where would you prefer to go in order to receive free ear or hearing care? | ☐ Emergency Room at St. Michael's<br>☐ St. Michael's Ear Nose Throat Clinic<br>☐ An ear clinic in a shelter<br>☐ A downtown ear care clinic with walk-in access<br>Other:_____ |
| **3.7** If the ear clinic were located at St. Michaels Hospital, would you go? | ☐ Yes<br>☐ Possibly<br>☐ No |
| **3.8** What items would you be most interested in accessing at a free ear clinic? | ☐ Free hearing aids<br>☐ Free ear plugs<br>☐ Other_____ |
| **3.9** Would you be interested in a free shuttle bus service to bring you to the ear clinic? | ☐ Yes<br>☐ Possibly<br>☐ No |

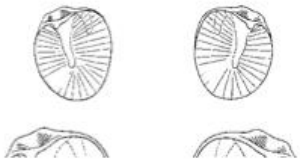
In the event that significant ear pathology has been uncovered, a few open-ended questions may be asked to further elucidate the barriers faced by the HMH population.

If a patient were found to have significant hearing loss we may also ask: "How has your living situation impacted your ability to seek care for your hearing?", "Have you seen anyone about your decreased hearing?"

***Head and Neck Exam Data Collection Sheet***

***NASAL EXAM/THROAT EXAM:***

***EARS:***



***NECK EXAM:***


***GROSS NEUROLOGICAL EXAM (cranial nerves):***

***EYE EXAM (Nystagmus):***

Appendix to: Noel CW, Mok F, Wu V, et al. Hearing loss and hearing needs in an adult homeless population: a prospective cross-sectional study. *CMAJ Open* 2020. DOI:10.9778/cmajo.20190220. 