

**Supplemental Material S1.** Survey evaluating caregiver perceptions of the community hearing screening, the referral process, and treatment outcomes.

**Participant number:**

**Relationship to the child:**

**Caregiver Survey**

**Survey evaluating the impact of a community-based hearing screening programme**

Section A: For all participants:			
Questions	Yes (1)	Unsure (2)	No (3)
<i>The first set of questions require you to answer with either a yes / unsure / no answer:</i>			
1. Was your child's hearing screened at or shortly after birth?			
2. Was your child's hearing screened for the first time at their school, by the 3E hearing screening programme?			
3. Your child's hearing was screened at his/her school with your informed consent. Did you receive information explaining the hearing screening?			
4. Are you aware of the results of your child's hearing screening at his/her school?			
5. Were you concerned about your child's hearing or speech and language development before the hearing screening at his/her school?			
6. After the hearing screening was done at your child's school it was recommended that you bring your child for a follow-up appointment at the hospital/clinic. Did you understand what you were supposed to do?			
7. Were you present during your child's follow-up appointment at the hospital/clinic?			
8. Did the person at the hospital who did the hearing test explain the results to you after the test?			
9. Did you understand the hearing test results you received at the hospital/clinic?			
10. Did the 3E screening programme help your child?			
11. Did the visit to the hospital/clinic help your child?			
<i>The following questions requires your own answer:</i>			
12. Tell me about your experience of the school hearing screening, hospital/clinic testing and treatment received?	-prompt question: What challenges did you experience?		

13. In your opinion, how do you think services for ears and hearing can be made easier for people in the community?	-prompt question: Any other comments you would like to make that may help the development of future hearing screening programmes in your community?
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<b>Section B: If the child did not receive hearing aids/assistive listening devices as part of their intervention:</b>	
<i>The following questions requires your own answer:</i>	
14. In your opinion, tell me about any changes you saw in your child after he/she received treatment for his/her hearing problems?	-prompt question: Did your child benefit from the treatment received?

<b>Section C: If the child did receive hearing aids as part of their intervention:</b>			
Questions	Yes (1)	Unsure (2)	No (3)
<i>The first set of questions require you to answer with either a yes / unsure / no answer:</i>			
14. Does your child wear his/her hearing aids?			
15. If YES, is your child benefitting from his/her hearing aids?			
<i>The following questions requires your own answer:</i>			
16. If YES in Q. 15, tell me about any changes you saw since your child got hearing aids?	-prompt question: What has your child gained from the hearing aids? What is different now that he/ she is using hearing aids?		
17. If YES in Q. 15, tell me how you feel about your child's hearing aids?			
18. If NO in Q. 14, what are the reasons for your child not wearing (using) his/ her hearing aid(s) anymore?			