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Healthcare professionals and Audio-vestibular consequences of Traumatic Brain Injury

Page 1: Information and Consent Page for an Online Survey/Questionnaire

Information and Consent page for an Online Survey/Questionnaire

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Study Title: Experiences and opinions of healthcare professionals about the audio-vestibular findings of individuals with traumatic brain injury

Research Team:

Name of supervisors:

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Faculty of Medicine and Health Sciences Research Ethics Ref: FMHS 462-0222

This study investigates the opinions, experiences and approaches of healthcare professionals (**excluding ENT/audiology specialists**) who deal with adults with traumatic brain injury, with a focus on the auditory and balance states of these patients.

Thank you for your interest. You are invited to take part because you are a healthcare professional (**excluding ENT/audiology specialists**) who works with adult traumatic brain injury patients. Please read through the following information before agreeing to participate. You can ask any questions before deciding by contacting the researchers (details below). Taking part is entirely voluntary.

What will I be asked to do?

After clicking the 'next' button at the end of this information page you will be asked to provide informed consent to participate in this study. You will then be asked to provide some basic demographic information related to your profession (i.e. profession, years of occupation, type of institution) and will also answer some questions about your experiences, opinions, and approaches in relation to audio-vestibular findings of traumatic brain injury patients. It should take you a maximum of 20 minutes to complete. We would like you to answer all questions as honestly and completely as possible. You can withdraw at any point during the questionnaire for any reason, before submitting your answers by clicking the Exit button/closing the browser. The data will only be uploaded on completion of the questionnaire by clicking the SUBMIT button on the final page. At this point, it will not be possible to withdraw your answers.

What are the disadvantages of taking part?

We are asking you to give up your valuable time to take part and this is appreciated.

What are the advantages of taking part?

Your contribution, along with others, will contribute to researchers' understanding of the awareness of healthcare professionals about the auditory and balance status of patients with traumatic brain injury. It will also contribute to the understanding of the international determination of the approaches to audio-vestibular problems in these patients. Future research may also be conducted based on the results of this study.

Who will know I have taken part in the study?

No one will know you have taken part in this study because we will not ask for your name or any other personal identification details (ID) during this survey. Your IP address will not be visible to or stored by the research team because an online survey platform is being used which receives and stores an IP address but enables this detail to be filtered out before it is transferred to the research team. As with any online related activity the risk of breach is possible but this risk is being minimised by using a platform on an encrypted webpage.

What will happen to your data?

When you have clicked the submit button at the end of the questionnaire, it will be uploaded into a password-protected database with a code number. The research team will not be able to see who it is from and for this reason, it will not be possible to withdraw the data at this point. Your data (research data) will be stored in a password-protected folder on a restricted access server at the university under the terms of its data protection policy. Data is kept for a minimum of 7 years and then destroyed.

This survey is for a PhD project and the answers received from all participants will be combined in a password protected database ready for analysis. The results will be written up as a dissertation and may be used in academic publications and presentations. The overall anonymised data from this study may be shared for use in future research and teaching (with research ethics approval).

The only personal data we will receive is your e-mail if you contact us to ask further questions or need support. This will be received and handled separately from your completed questionnaire and it will not be possible to link the sets of data. Your e-mail address will only be kept as long as needed to resolve your problem. It will then be destroyed. For further information about how the university processes personal data please see: <https://www.nottingham.ac.uk/utilities/privacy.aspx/>

Who will have access to your data?

The University of Nottingham is the data controller (legally responsible for data security) and the Supervisor of this study (named above) is the data custodian (manages access to the data) and as such will determine how your data is used in the study. Your research and personal data will be used for the purposes of the research only. Research is a task that we perform in the public interest.

Responsible members of the University of Nottingham may be given access to data for monitoring and/or audit of the study to ensure it is being carried out correctly.

If you have any questions or concerns about this project, please contact:

Kubra Bolukbas, E-mail: kubra.bolukbas@nottingham.ac.uk or

if you have any concerns about any aspect of this study please contact the Research Supervisor:

David M. Baguley, Email: david.baguley@nottingham.ac.uk;

Laura Edwards, Email: laura.edwards@nottingham.ac.uk

If you remain unhappy and wish to complain formally, you should then contact the FMHS Research Ethics Committee Administrator E-mail:

FMHS-ResearchEthics@nottingham.ac.uk

Page 2: Consent Form

Please confirm each box to continue. If you do not accept the consent form, please close the browser. * *Required*

Please select at least 5 answer(s).

- I confirm that I have read and understood the information on the previous page
- I am a healthcare professionals dealing with adult traumatic brain injury patients (other than audiologist and/or ENT specialist)
- I understand that my participation is voluntary and I can end the study at any time and withdraw my data by clicking the EXIT button
- I understand that my answers are anonymous
- I understand the overall anonymized data from this study may be used in the future for research (with research ethics approval) and teaching purposes

Page 3: Experiences and opinions of healthcare professionals about the audio-vestibular findings of individuals with traumatic brain injury

What is your profession? * *Required*

- Neurologist
- Neuropsychiatrist
- Neurosurgeon
- Psychiatrist or Rehabilitation Medicine Doctor
- General Surgeon
- Geriatrician
- Orthopaedic Surgeon
- Rehabilitation Nurse
- Neuropsychologist
- Speech and Language Therapist
- Occupational Therapist
- Physiotherapist
- Psychologist
- Other Healthcare Professional (Please describe)

If you selected Other, please specify: * *Required*

How many years have you been in your occupation? * *Required*

- Less than 5 years
- 5-10 years
- 10-20 years

- More than 20 years

How many years have you been working with patients with traumatic brain injury? *
Required

- Less than 5 years
- 5-10 years
- 10-20 years
- More than 20 years

What country do you work in? * *Required*

- Australia
- Azerbaijan
- Belgium
- Canada
- China
- Cyprus
- Denmark
- France
- Germany
- Greece
- India
- Ireland
- Israel
- Italy
- Japan
- Netherlands
- Poland

- Saudi Arabia
- Spain
- Sweden
- Switzerland
- Thailand
- Turkiye
- United Kingdom
- United States of America
- Other

If you selected Other, please specify: * *Required*

Is your place of work private or state-owned? * *Required*

- Private
- State-owned

How many hours per week do you spend working with traumatic brain injury patients?

- Less than an hour
- 1-5 hours
- 5-10 hours
- 10-20 hours
- More than 20 hours

The following symptoms may be reported by people who have had a traumatic brain injury. Please indicate how frequently your patients, who experienced trauma more than 6 months ago, describe these to you * *Required*

Please don't select more than 1 answer(s) per row.

Please select at least 12 answer(s).

	All of my patients describe this	Most of my patients describe this	Some of my patients describe this	A few of my patients describe this	None of my patients describe this	Do not know
Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to understand speech in quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to understand speech in noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to identify where the sound is coming from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to capture conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tinnitus (ringing or buzzing in the ears)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperacusis (an unusual tolerance to ordinary environmental sounds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vertigo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inability to walk in the dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness on different surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling dizzy when asleep or awake due to movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following symptoms may be reported and/or observed by people who have had a traumatic brain injury. Please indicate how frequently, who experienced trauma more than 6 months ago, describe these to you, * Required

Please don't select more than 1 answer(s) per row.

Please select at least 10 answer(s).

	All of my patients	More than half of my patients	Some of my patients	A few of my patients	None of my patients	Do not know
Asks you to repeat your speech frequently during your interviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading your lips while you speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not understand you when you are not facing her/him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty understanding you on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relatives report complaints that the volume is too high while he/she is watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoids coming to appointments because they are concerned they will not understand what you are talking about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is disturbed by environmental/external sounds during their appointment with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports an inability to tolerate certain sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Although their physical and mental problems are partially healed, audio-vestibular impairments affect their activities, such as doing sports, dancing and housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being afraid to leave the house without an accompanying person because of their balance disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you ask your patients with traumatic brain injury (which occurred more than 6 months ago) about their balance status (dizziness, vertigo etc.) at your appointments? *

Required

- Yes, I ask everybody
- If their balance status prevents me from performing our appointments and/or my job, I ask
- I prefer not to ask because it is not my expertise
- I do not ask anything if there are no complaints about it
- Do not know

If you notice dizziness or balance disorders in your patients with traumatic brain injury (which occurred more than 6 months ago), which of the screening methods would you use? You can choose multiple options * *Required*

- Past Pointing test
- Finger-to-Nose test
- Unterberger test (Fukuda step test)
- Romberg test
- Gait analysis
- Eye movements
- Head impulse test
- I prefer not to assess this because it is not my expertise
- Do not know
- Other (please describe)

If you selected Other, please specify: * *Required*

In which situation would you consider referring your traumatic brain injury patient (where the trauma occurred more than 6 months ago) to the ENT and/or audiology service? You can choose multiple options * *Required*

- When I think he/she don't understand my speech and/or don't hear, immediately
- When I observe dizziness and/or vertigo, immediately
- If she/he reports tinnitus or hyperacusis, immediately
- I would wait for our next appointment to be sure, even if I notice his/her condition
- Unless the patient complains, I do not refer
- I think it is an issue that can be ignored as there are many impairments, he/she is struggling with
- Do not know

How many of your patients who have had a traumatic brain injury (which occurred more than 6 months ago) do you refer to the audiology or ENT department? * *Required*

- All of my patients
- More than half of my patients
- Some of my patients
- A few of my patients
- None of my patients
- Do not know

How do you check the external ear condition of your patients with traumatic brain injury (which occurred more than 6 months ago)? * *Required*

- Referring to the ENT and/or audiology service
- I prefer to evaluate it myself with otoscopy
- I do not do anything if there are no complaints about it
- I am not interested because it is not my area of expertise
- Do not know

Do you think that your traumatic brain injury patients (where the trauma occurred more than 6 months ago) should use hearing aids if they have hearing loss? * *Required*

- Yes, definitely
- If they would like, yes
- No need
- I think it is an issue that can be ignored as there are many impairments, they are struggling with
- Do not know

In which situations can you help your patients with traumatic brain injury, who use hearing aids, during their appointment with you? You can choose multiple options * *Required*

- I can change the battery of hearing aids
- I can notice whether or not it is working
- I can notice any feedback problem
- I can check the hearing aid ear mould and/or dome functionality
- I do not know anything about hearing aids

Did your patient group, who frequently report auditory and/or vestibular complaints after trauma, have a specific aetiology of traumatic brain injury? Can you generalize the trauma aetiology of these patients with auditory and/or vestibular complaints? * *Required*

- Yes
- No
- Do not know

If you answered yes to question 16, what was this aetiology?

- Falls
- Vehicle-related collisions
- Violence
- Sport Injuries
- Other Trauma (Please describe)

If you selected Other, please specify:

Page 4

Thank you for your time!
