Appendices

Appendix 1. Hearing Disability Acceptance Questionnaire (HDAQ)

Directions

You will find numerous statements below. Please rate the truth of each statement as it applies to you. Use the following rating scale to make your choices:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never true</td>
<td>Very rarely true</td>
<td>Seldom true</td>
<td>Sometimes true</td>
<td>Often true</td>
<td>Almost always true</td>
<td>Always true</td>
</tr>
</tbody>
</table>

For instance, if you believe that a statement is “Often true”, then you should circle “5” on the row following the statement.

Items

1. I am leading a full life, even though I have a hearing problem
2. My life is going well, even though I have a hearing problem
3. Despite hearing problem, I can draw up and stick to a certain course in my life
4. When my hearing problem increases, I can still take care of my responsibilities
5. My hearing problem leads me to avoid certain situations
6. My hearing problem changes me as a person
7. I spend a lot of time thinking about how things would be for me without a hearing problem
**Scoring**

Reverse score items 5, 6, and 7.

**Appendix 2. Removed items**

- My hearing problem has led me to decrease my engagement in former activities
- It is necessary for me to control my negative thoughts and feelings concerning my hearing problem
- I will be in better control of my life if I can control my negative thoughts about my hearing problem
- I have to struggle to get things done when I have a hearing problem
- I strive to suppress aversive thoughts and feelings related to my hearing problem