

**Supplementary Table S1.** Questionnaire used in the first phase of the study.

Patient's ID:

Contact Information:

Age:                      Gender:

Existing comorbidities:

Date of enrolment:

Date of diagnosis:

Current medications:

1-Prior history of hearing loss?                       - YES                       - NO

2-If YES;

    Involved ear?                       - RIGHT                       - LEFT                       - BOTH

For how long? ..... - I CAN'T REMEMBER

    Define the degree of your hearing loss:  - MILD                       - MODERATE                       - TOTAL3-Have you ever experienced tinnitus?                       -YES                       -NO                       -I DON'T KNOW

4- If YES;

    Involved ear?                       - RIGHT                       - LEFT                       - BOTH

For how long? ..... - I CAN'T REMEMBER

    Define the degree of your tinnitus:  - MILD                       - MODERATE                       - SEVERE5-Do you have vertigo?                       - YES                       - NO6-Have you ever been diagnosed with or suspected to have any disease related with dizziness (like vertigo, Meniere's disease, etc.)                       - YES                       -NO

7- Do you have any prior diagnoses/surgeries related to ear, nose and throat? .....