Appendix A: Questionnaire

Please complete the following questionnaire

1. Do you suffer from dizziness? a) Yes b) No

   If answer is yes, then please answer the following questions

2. Please describe your symptoms by selecting one of the following items:

   a) Spinning in the head

   b) Spinning of the surrounding

   c) Light-headedness

   d) Dizziness

3. How long you have been suffering from dizziness or balance problems? Please select as appropriate

   a) Weeks b) Months c) Years d) How many?

4. How do you get these episodes? Please select as appropriate

   a) Once a week b) once a month c) others (specify)

5. Do you know any activity which bring these symptoms? Please select as appropriate

   a) Looking up b) Bending down c) Turning to sides d) Getting out of bed

6. Do you have any other ear related problems? Please select as appropriate

   a) Tinnitus b) Fluctuating hearing loss

7. What does you do to relieve your symptoms of dizziness?

8. Do you like to mention anything else relevant to your balance and ear related condition?

Abdulfattah Sharaf, R., & Palaniappan, R. (2019). Evaluation of balance function in patients with radiologically (CT scan) confirmed otosclerosis. *Biomedical Research and Therapy*, 6(3), 3034-3039. https://doi.org/10.15419/bmrat.v6i3.526