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| Baseline questions asked to all participants |
| Month  and year of birth (selection from drop down list) |
| Sex  |
| What is your postcode? |
| What is your employment status? (Employed, Unemployed, Retired, Unable to work due to illness, Prefer not to answer)  |
| Who diagnosed your Meniere’s disease? (GP, ENT Consultant, Self, Other) |
| What year were you diagnosed with Meniere’s disease? |
| Which ear is affected by the Meniere’s? (Left, Right, Both, Don’t Know) |
| How often do you experience attacks? |
| Please select which medications you currently take for Meniere’s disease (Betahistine, Buccastem, Prochlorperazine, Arlevert and Cinnarizine – multiple selection allowed) |
| Do you experience migraines? |
| We would like to anonymously use your location data by collecting GPS data from your phone, is this ok?  |
| Please indicate your mean symptom severity for aural fullness, dizziness, hearing loss and tinnitus on a good day (0-10 scale)  |
| Please indicate your mean symptom severity for aural fullness, dizziness, hearing loss and tinnitus on a bad day (0-10 scale) |

Supplementary Table 1: Baseline questions asked when participants signed up for the Meniere’s Monitor