Supplementary Files

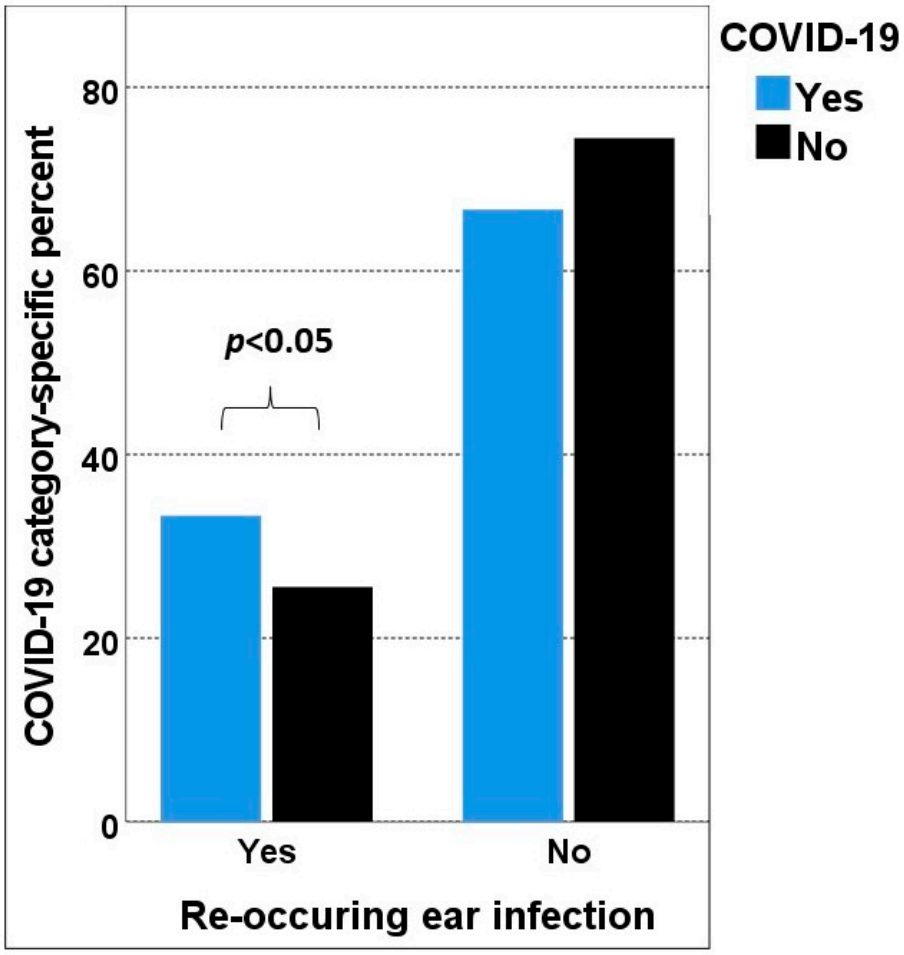

Figure S1: A bar chart showing the prevalence of COVID-19 between individuals with and without a history of reoccurring ear infections. Individuals with reoccurring ear infections reported a significantly higher prevalence of COVID-19 (NT – Not tinnitus, SAT = subacute tinnitus, AT – acute tinnitus, and CT – chronic tinnitus).

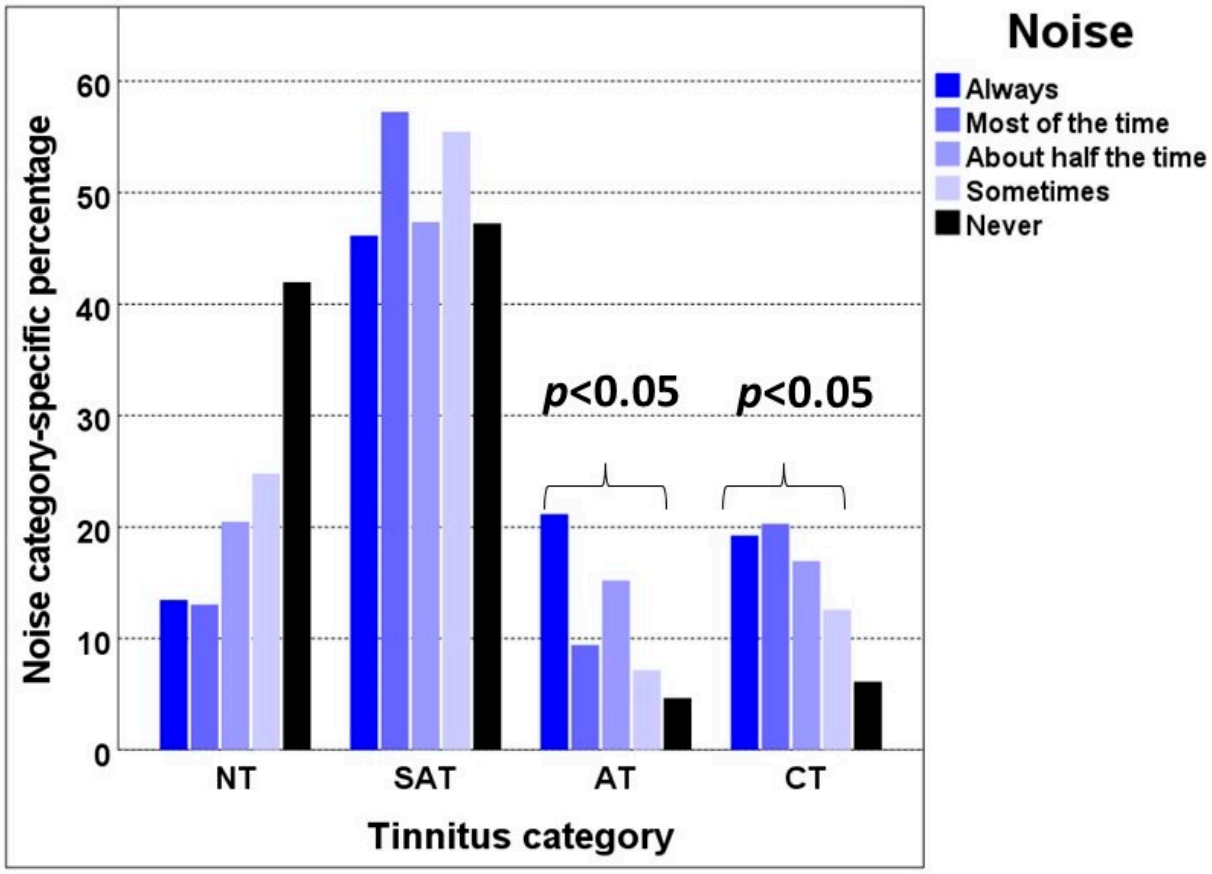

Figure S2: A bar chart showing the noise category-specific prevalence of tinnitus. The prevalence of chronic tinnitus rises from about 6% to 20% as a function of the noise exposure category, showing that chronic tinnitus is significantly associated with noise exposure (NT – Not tinnitus, SAT = subacute tinnitus, AT – acute tinnitus, and CT – chronic tinnitus).

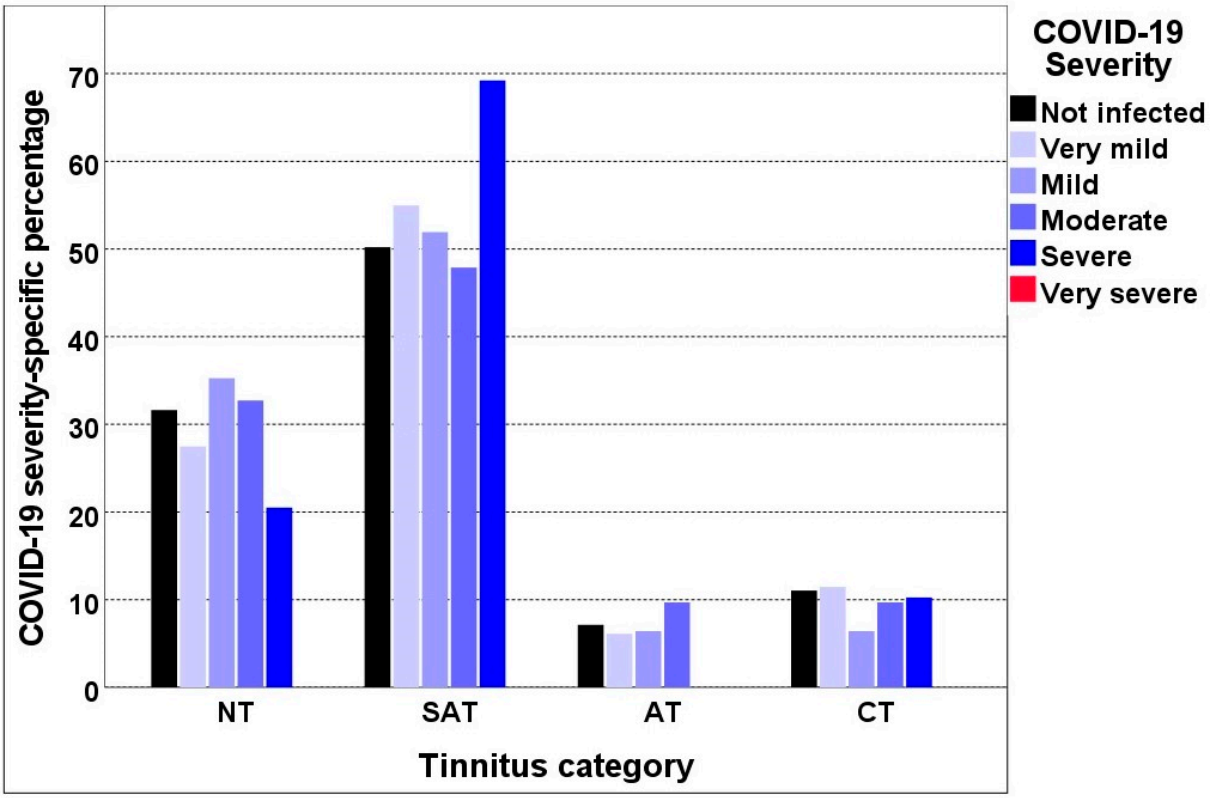

Figure S3: A bar chart showing the COVID-19 severity-specific percentage among tinnitus categories, suggesting no significant association between COVID-19 and tinnitus category in young adults (NT – Not tinnitus, SAT = subacute tinnitus, AT – acute tinnitus, and CT – chronic tinnitus).

Table S1. Study Questionnaire

Study Questionnaire

Please read all the questions carefully before answering them.

1 Demographic Details

What is your age?

_____ years

What is your gender?

☐ Male
☐ Female
☐ Other (Please specify):_____
☐ No disclosure

What is your ethnicity? Please check all that apply.

☐ Black/ African American/ Afro Caribbean
☐ White
☐ Hispanic/ Latino
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/ Alaskan Native
☐ Middle Eastern
☐ South Asian
☐ East Asian
☐ Other _____

2 Tinnitus

In the past 12 months, have you been bothered by ringing, roaring, buzzing, or any other type of sounds in ears or head that lasts for 5 minutes or more?

☐ Yes ☐ No

If you answered "Yes" to the above question, then please answer how long have you been bothered by this ringing, roaring, or buzzing in ears or head?

☐ Less than three months
☐ Three months to a year
☐ 1 to 4 years
☐ 5 to 9 years
☐ 10 or more years
☐ Don't know

Have you ever experienced ringing, roaring, or buzzing in your ears/head?

☐ Yes ☐ No

If yes, do you hear continuous ringing, roaring, or buzzing in silence when you pay attention?

☐ Yes ☐ No

3 Overall health

What illnesses do you have, or have you had? Please check all that apply. ☐ None

Please select all that apply:

☐ Meningitis
☐ High Blood Pressure
☐ Scarlet fever
☐ Heart disease
☐ Head Injury
☐ Diabetes

Please list other health conditions that you have or had in the past (including physical and mental health conditions):

_____
_____
_____
_____

Have you ever been infected with COVID-19? ☐Yes ☐No
If yes, please indicate overall symptom severity while you were infected:
☐Very mild ☐Mild ☐Moderate ☐Severe ☐Very severe

4	Hearing health

Do you have a history of ear infections? ☐Yes ☐No

Ever had 3 or more ear infections? ☐Yes ☐No

Have you been exposed to loud recreational or occupational noise/music for more than 10 hours a

week over the past year? ☐Never ☐Sometimes ☐About half the time ☐Most of the time ☐Always