

Supplementary Table 1. Diagnostic criteria of acute unilateral vestibulopathy/vestibular neuritis, benign paroxysmal positional vertigo, and Ménière's disease

Acute unilateral vestibulopathy/vestibular neuritis [1,2]

Diagnostic criteria of International Classification of Vestibular Disorders (2022) [1]

1. Acute or subacute onset¹ of sustained spinning or non-spinning vertigo (i.e., an acute vestibular syndrome) of moderate to severe intensity with symptoms lasting for at least 24 hours
2. Spontaneous peripheral vestibular nystagmus i.e., a nystagmus with a trajectory appropriate to the semicircular canal afferents involved, generally horizontal-torsional, direction-fixed, and enhanced by removal of visual fixation
3. Unambiguous evidence of reduced vestibulo-ocular reflex function on the side opposite the direction of the fast phase of the spontaneous nystagmus
4. No evidence for acute central neurological symptoms or acute audiological symptoms such as hearing loss or tinnitus or other otologic symptoms such as otalgia
5. No acute central neurological signs, namely no central ocular motor or central vestibular signs, in particular, no skew deviation, no gaze-evoked nystagmus, and no acute audiological signs
6. Not better accounted for by another disease or disorder

Diagnostic criteria proposed by Jeong et al. (2013) [2]

1. Sudden onset of vertigo persisting for more than one day
2. Unidirectional horizontal-torsional spontaneous nystagmus and absence of other auditory and neurologic findings
3. Reduced caloric response
4. Not better accounted for by another vestibular diagnosis

Benign paroxysmal positional vertigo [3]

1. Recurrent attacks of positional vertigo or positional dizziness provoked by lying down or turning over in the supine position
2. Duration of attacks <1 minute
3. Positional nystagmus elicited after provoking maneuvers. The nystagmus is a combination of torsional nystagmus with the upper pole of the eyes beating toward the lower ear combined with vertical nystagmus beating upward (toward the forehead) typically lasting <1 minute
4. Not attributable to another disorder

Ménière's disease [4]

1. Two or more spontaneous episodes of vertigo, each lasting 20 minutes to 12 hours
 2. Audiometrically documented low- to medium-frequency sensorineural hearing loss in one ear, defining the affected ear on at least one occasion before, during, or after one of the episodes of vertigo
 3. Fluctuating aural symptoms (hearing, tinnitus, or fullness) in the affected ear
 4. Not better accounted for by another vestibular diagnosis
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REFERENCES

1. Strupp M, Bisdorff A, Furman J, et al. Acute unilateral vestibulopathy/vestibular neuritis: Diagnostic criteria. *J Vestib Res* 2022;32:389-406.
2. Jeong SH, Kim HJ, Kim JS. Vestibular neuritis. *Semin Neurol* 2013;33:185-194.
3. von Brevern M, Bertholon P, Brandt T, et al. Benign paroxysmal positional vertigo: diagnostic criteria. *J Vestib Res* 2015;25:105-117.
4. Lopez-Escamez JA, Carey J, Chung WH, et al. Diagnostic criteria for Ménière's disease. *J Vestib Res* 2015;25:1-7.