

Data Sharing Statement

Article Info	http://dx.doi.org/10.21037/atm-20-1856	
Item	Question	Authors' Response (place "-" if not applicable)
1	Would you like to share data collected for your study to others?	Yes
2	If not, would you like to share the reason for your decision?	-
3	What data in particular will be shared?	Audiometric data will be shared if requested.
4	Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	Informed consent form will be shared if requested.
5	When will data availability begin?	From the publication date.
6	When will data availability end?	Two years within the publication date, since the technique or disease understanding may be updated over time.
7	To whom will you share the data?	Medical neurologists and Otolaryngologists interested in the effects of Neuro-Sjögren
8	For what type of analysis or purpose?	For analyses to evaluate effects of Neuro-Sjögren
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: Skripuletz.thomas@mh-hannover.de
10	Any other restrictions?	We may balance the potential benefits and risks for each request and then provide the data that could be shared.