Supplementary Table S1 Distribution of participants who have completed B.ASLP, M.Sc. Audiology, and M.ASLP based on the correct response given for each question for domain A

Q. no.	Questions	Participants ($n = 50$) B.ASLP	Participants ($n = 50$) M.Sc. Audiology	Participants ($n = 50$) M.ASLP
1	80–90% of congenital hearing loss is hereditary	27	31	20
2	The genotype is a set of genes in DNA responsible for the physical appearance or characteristics of an organism	6	13	4
3	Alterations in genetic material are of two major fashions—mutations and recombination	44	44	44
4	To date there are more than 90 genes are identified as the cause of HL	38	39	36
5	Congenital hearing loss is divided into syndromic and nonsyndromic types	46	49	42
6	If none of the parents have defective/mutated genes, there still are chances that the child will be born with hearing loss	46	46	45
7	Prelingual hearing loss is due to genetic, nongenetic, and idiopathic factors	46	48	46
8	Hearing loss can be caused by mitochondrial gene defects	33	44	37
9	Genetic counseling should be done by an audiologist	29	36	27
10	Exome sequencing is the test of choice to diagnose nonsyndromic hearing loss	32	30	39
11	Most of the congenital hearing loss are prelingual but not all prelingual are congenital	38	44	45
12	Genetic counseling is desirable for families with a history of congenital deafness	45	50	49
13	Sanger sequencing is the recent advancement in DNA sequencing methods used for genetic testing	14	9	13
14	Only one generation is represented in pedigree analysis	38	43	39
15	Mothers contribute more amount of genetic information as compared to fathers	27	32	30
16	Karyotype analysis is more likely to provide a genetic diagnosis than microarray analysis	20	17	18
17	Genetic tests are performed only on samples of amniotic fluid	22	30	24
18	 The symbol in the pedigree analysis represents the affected male population	45	48	46

Abbreviations: B.ASLP, Bachelors in Audiology and Speech Language Pathology; DNA, deoxyribonucleic acid; HL, hearing loss; M.ASLP, Masters in Audiology and Speech Language Pathology; M.Sc., Master of Science.

Supplementary Table S2 Distribution of participants who have completed B.ASLP, M.Sc. Audiology, and M.ASLP based on the correct response given for each question for domain B

Q. no.	Questions	Participants ($n = 50$) B.ASLP	Participants ($n = 50$) M.Sc. Audiology	Participants ($n = 50$) M.ASLP
1	Connexin 26 or GJB2 is responsible only for nonsyndromic hearing loss	30	18	20
2	Usher syndrome presents only with hearing loss	38	41	41
3	GJB2 and OTOF are the two least common genes responsible for hearing loss	20	32	24
4	Fetal alcohol syndrome is one of the major causes of hearing loss	15	19	13
5	Syndromic hearing loss contributes majorly to the etiology of genetic hearing loss as compared to nonsyndromic hearing loss	19	19	14
6	In Pendred syndrome, nearly 10% of the hereditary sensorineural hearing loss is associated with nonendemic goiter and deafness	32	38	35
7	Cytomegalovirus is a TORCH infection	46	48	44
8	Jervell and Lange–Nielsen syndrome is autosomal dominant and is also known as cardioauditory syndrome	12	16	16
9	Hunter's syndrome is Y-linked and is expressed only in females	25	33	23
10	The majority of hearing loss associated with Down syndrome is conductive hearing loss	38	44	44
11	External ear anomalies are commonly seen in Treacher–Collins syndrome.	41	44	40
12	Pierre Robin syndrome is autosomal dominant and characterized by an "Andy Gump" appearance with auricular malformations and conductive hearing loss	41	44	40

Abbreviations: B.ASLP, Bachelors in Audiology and Speech Language Pathology; M.ASLP, Masters in Audiology and Speech Language Pathology; M.Sc., Master of Science.

