



DIZZINESS (VERTIGO) QUESTIONNAIRE

Patient Name: _____

Today's Date: _____

The purpose of this questionnaire is to identify difficulties you may be experiencing because of your dizziness or unsteadiness. Answer each question as it pertains to your dizziness/unsteadiness ONLY. Please CIRCLE your answer: YES, NO, OR SOMETIMES.

- | | | | |
|---|-----|----|-----------|
| (P) 1. Does looking up increase your dizziness? | YES | NO | SOMETIMES |
| (E) 2. Do you feel frustrated due to your dizziness? | YES | NO | SOMETIMES |
| (F) 3. Do you restrict your travel? | YES | NO | SOMETIMES |
| (P) 4. Does walking down the aisle of a supermarket/
store increase your dizziness? | YES | NO | SOMETIMES |
| (F) 5. Do you have difficulty getting into or out of bed? | YES | NO | SOMETIMES |
| (F) 6. Does your dizziness significantly restrict your
participation in social activities such as going out
to dinner, going to movies, dancing, or to parties? | YES | NO | SOMETIMES |
| (F) 7. Do you have difficulty reading? | YES | NO | SOMETIMES |
| (P) 8. Does performing more ambitious activities like
sports, dancing, household chores such as sweeping
or putting dishes away increase your dizziness? | YES | NO | SOMETIMES |
| (E) 9. Are you afraid to leave your home without having
someone accompany you? | YES | NO | SOMETIMES |
| (E) 10. Because of your dizziness, have you been
embarrassed in front of others? | YES | NO | SOMETIMES |
| (P) 11. Do quick movements of your head increase
your dizziness? | YES | NO | SOMETIMES |
| (F) 12. Is it difficult for you to do strenuous housework
or yard work? | YES | NO | SOMETIMES |
| (P) 13. Does turning over in bed increase your dizziness? | YES | NO | SOMETIMES |
| (E) 14. Are you afraid people may think you are intoxicated? | YES | NO | SOMETIMES |
| (F) 15. Is it difficult for you to go for a walk by yourself? | YES | NO | SOMETIMES |
| (P) 16. Does walking down a sidewalk increase it? | YES | NO | SOMETIMES |
| (E) 17. Is it difficult for you to concentrate? | YES | NO | SOMETIMES |
| (F) 18. Is it difficult for you to walk around your house
in the dark? | YES | NO | SOMETIMES |
| (E) 19. Are you afraid to stay home alone? | YES | NO | SOMETIMES |

(Please turn to side 2 for a few more questions)

DIZZINESS (VERTIGO) QUESTIONNAIRE (continued)

Continue to answer each question as it pertains to your dizziness/ unsteadiness ONLY.
Please CIRCLE your answer: YES, NO, OR SOMETIMES.

- | | | | |
|---|-----|----|-----------|
| (E) 20. Do you feel handicapped? | YES | NO | SOMETIMES |
| (E) 21. Has your dizziness placed stress on your relationships
with members of your family or friends? | YES | NO | SOMETIMES |
| (E) 22. Because of your dizziness, are you depressed? | YES | NO | SOMETIMES |
| (F) 23. Does your dizziness interfere with your job or
household responsibilities? | YES | NO | SOMETIMES |
| (P) 24. Does bending over increase your dizziness? | YES | NO | SOMETIMES |