

DIZZINESS QUESTIONNAIRE

Please respond "yes, sometimes, no" as pertains to your problem.

	YES	SOMETIMES	NO
1. Does looking up increase your problem?			
2. Do you feel frustrated?			
3. Do you restrict your travel?			
4. Does walking down the aisle of a supermarket increase your problem?			
5. Do you have difficulty getting into or out of bed?			
6. Restricts your participation in social activities?			
7. Do you have difficulty reading?			
8. Does performing more ambitious activities increase your problem?			
9. Are you afraid to leave home without having someone with you?			
10. Are you embarrassed in front of others?			
11. Do quick head movements increase your problem?			
12. Do you avoid heights?			
13. Does turning over in bed increase your problem?			
14. Is it difficult for you to do strenuous work?			
15. Do you avoid driving your car in the daytime?			
16. Are your afraid people think you are intoxicated?			
17. Is it difficult for you to go for a walk by yourself?			
18. Does walking down a sidewalk increase your problem?			
19. Is it difficult for you to concentrate?			
20. Is it difficult for you to walk around your house in the dark?			
21. Are you afraid to stay home alone?			
22. Do you feel handicapped?			
23. Do you avoid driving your car in the dark?			
24. Placed stress on your relationships with your family or friends?			
25. Are you depressed?			