

DIZZINESS QUESTIONNAIRE

Please complete all five of the following statements. Place a check next to the response that best describes your dizziness. Please give only one answer for each statement.

1. I am dizzy:

- Rarely
- Sometimes
- About half of the time
- Usually
- Always

2. When I am dizzy, my symptoms are most often:

- Very mild
- Mild
- Moderate
- Moderately severe
- Severe

3. When I am dizzy, my symptoms typically last:

- Less than 30 seconds
- 30-60 seconds
- 1-5 minutes
- 5-30 minutes
- Greater than 30 minutes

4. When I experience dizziness, it has the following effect on my daily activities, such as working, driving, shopping, taking care of my family, and taking care of myself:

- No effect at all
- I continue all of my daily activities without restriction, although I make allowances for my dizziness.
- I continue most of my activities, although I make allowances for my dizziness.
- I continue some of my daily activities, but I find my dizziness causes me to be unable to continue most functions.
- I am unable to continue any of my daily activities.

5. Regarding my fear of becoming dizzy:

- I never worry about becoming dizzy.
- I seldom worry about becoming dizzy.
- I sometimes worry about becoming dizzy.
- I frequently worry about becoming dizzy.
- I always worry about becoming dizzy.