

Instructions : The purpose of this scale is to identify difficulties you may be experiencing because of your dizziness or unsteadiness. Please answer ‘yes’ or ‘no’ to each question. Answer each question as it pertains to your dizziness or unsteadiness problem only.

- | | <u>Yes</u> | <u>No</u> |
|---|-------------------|------------------|
| 1. Does looking up increase your problem? | ___ | ___ |
| 2. Because of your problem, do you feel frustrated? | ___ | ___ |
| 3. Because of your problem, do you restrict your travel for business or recreation? | ___ | ___ |
| 4. Does walking down the aisle of a supermarket increase your problem? | ___ | ___ |
| 5. Because of your problem, do you have difficulty getting into or out of bed? | ___ | ___ |
| 6. Does your problem significantly restrict your participation in social activities such as going out to dinner, going to movies, dancing, or to parties? | ___ | ___ |
| 7. Because of your problems, do you have difficulty reading? | ___ | ___ |
| 8. Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem? | ___ | ___ |
| 9. Because of your problem, are you afraid to leave your home without having somebody accompany you? | ___ | ___ |
| 10. Because of your problem, have you been embarrassed in front of others? | ___ | ___ |
| 11. Do quick movements of your head increase the problem? | ___ | ___ |
| 12. Because of your problem, do you avoid heights? | ___ | ___ |
| 13. Does turning over in your bed increase the problem? | ___ | ___ |
| 14. Because of your problem, is it difficult for you to do strenuous housework or yardwork? | ___ | ___ |

15. Because of your problem, are you afraid people may think your intoxicated? _____
16. Because of your problem, is it difficult for you to go for a walk by yourself? _____
17. Does walking down a sidewalk increase your problem? _____
18. Because of your problem, is it difficult for you to concentrate? _____
19. Because of your problem, is it difficult for you to walk around your house in the dark? _____
20. Because of your problem, are you afraid to stay home alone? _____
21. Because of your problem, do you feel handicapped? _____
22. Has your problem placed stress on your relationships with members of your family or friends? _____
23. Because of your problem, are you depressed? _____
24. Does your problem interfere with your job or household responsibilities? _____
25. Does bending over increase your problem? _____