Primary screen questionnaire for vestibular assessment

Adapted questionnaire (Colin, et al., 2018) Dizziness

1)	When did you first become aware of the dizziness / balance problem											
2)	H	low wou	ld you de	escribe t	he dizzin	ess? E.g. F	Rotationa	al /drunk	c / spinni	ng / ligh	theaded	
3)	н	low ofter	n do you	experie	nce dizzi	ness? E.g.	All the t	ime / ev	ery day /	′ every w	veek	
4)		low long Seconds			last? E. _ɛ linutes	g. Seconds	/ minuto Hou		rs / days	Days		_ _
5)		ther:	-	ccompa	Never ny it? No	one / alter		- 		usea / vo		
6)	Н	Tir	d hearin nnitus ld you ra		balance	Aural fullness Vomiting on a scale from 0 to 10? (Nausea Migrane 0 = poor; 10 = excellent)			
	Poor 0	1	2	3	4	Neutral 5	6	7	8	9	Excellent 10]

History of falls

	appro	approximately how many?										
	Descr	Describe types of falls:										
Do you have a fear of falling (0 = No fear at all; 10 = Extreme fear of falling												
No Fea 0	r	1	2	3	4	Neutral 5	6	7	8	9	Extreme fear 10	
What is the preferred speed for walking over a distance of 10m (2m before starting point and 2m after ending point) (10m/s) = Gait speed												
Please list all medications that you are currently taking:												