## Primary screen questionnaire for vestibular assessment

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

1)	١	When did you first become aware of the dizziness / balance problem										
	_											
2)	+ _	How would you describe the dizziness? E.g. Rotational /drunk / spinning / lightheaded										
	_											
3)	F	How ofter	n do you	experie	nce dizzi	ness? E.g.	All the t	ime / ev	ery day /	' every w	veek	
4)	- H	How long does the vertigo last? E.g. Seconds / minutes / hours / days										
		Seconds Other			/linutes Never		Ηοι	ırs		Days		
5)			nptoms a			ne / alter	ed heari	ng / tinn	itus / na	usea / vo	omiting /	
	Altered hearing					Aura	Aural fullness			Nausea		
	Tinnitus					Vomiting					、 ├──	
<b>C</b> \					la alla sa a a		_	- 102/0		Migrane		
6)	How would you rate your balance on a scale from 0 to 10? (0 = poor; 10 = excellent)											
	Poor					Neutral					Excellent	
	0	1	2	3	4	5	6	7	8	9	10	

## History of falls

D	Describe ty									
	· · · · · · · · · · · · · · · · · · ·	pes of f	alls:							
D	Do you have a fear of falling (0 = No fear at all; 10 = Extreme fear of falling									
No Fear 0	1	2			Neutral					Extrem fear 10