### BALANCE - BAQ

**BAQ.010**  
During the **past 12 months**, (have you/has SP) had dizziness, difficulty with balance or difficulty with falling?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

**BAQ.020**  
Which of these problems (have you/has SP) had . . .  

**BAQ.030**  
How long did the . . . last? Would you say less than 2 weeks, 2 weeks to 3 months or more than 3 months?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 2 WEEKS</td>
<td>1</td>
</tr>
<tr>
<td>2 WEEKS TO 3 MONTHS</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 3 MONTHS</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

**Box 1**

**CHECK ITEM BAQ.050:**  
IF YES (CODE 1) IN BAQ.020 A OR B, CONTINUE. OTHERWISE, GO TO BAQ.070.
BAQ.060 Which of the things on this list, if any, were related to (your/SP's) dizziness or balance problem?

CODE ALL THAT APPLY
HAND CARD BAQ1

A COLD OR THE FLU ................ 1
INJURIES OR ACCIDENTS .......... 2
USE OF DRUGS OR MEDICATIONS ... 3
AGE OR GETTING OLDER .......... 4
SURGERY ........................ 5
HEARING PROBLEMS – INCLUDING
RINGING IN THE EARS ............. 6
VISION OR SEEING PROBLEMS ....... 7
NONE ............................ 8
REFUSED .......................... 77
DON'T KNOW ..................... 99

BAQ.070 (Have you/Has SP) ever been treated by a doctor or other health professional for dizziness, a balance problem, or falling?

YES .............................. 1

NO ................................ 2 (BAQ.100)

REFUSED .......................... 7 (BAQ.100)

DON'T KNOW ..................... 9 (BAQ.100)

BAQ.075 How long ago {were you/was SP} treated? Would you say . . .

less than 1 year ago, ................. 1

1 year to 5 years ago, or .......... 2

5 years or more ago? ............... 3

REFUSED .......................... 7

DON'T KNOW ..................... 9

BAQ.080 Did this treatment involve. . .

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

CAPI INSTRUCTION:
TEXT SHOULD BE OPTIONAL [     ] AFTER FIRST ITEM.

a. medication?  

b. surgery to the ear?  

c. some other type of surgery?  

d. exercises or physical therapy?  

BAQ.090 As a result of this treatment, did (your/SP's) condition. . .

get better, .......................... 1

get worse, or .......................... 2

stay the same? .......................... 3

REFUSED .......................... 7

DON'T KNOW ..................... 9
Have any of (your/SP's) biological, that is, **blood** relatives (grandparents, parents, brothers, or sisters) had a problem with dizziness, balance, or falling **not** related to aging?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
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<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
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