

STANDING BALANCE – BAQ
TARGET GROUP: SPS 40+

BAQ.311 The next questions are about dizziness sensations and difficulty with balance.

{Have you/Has SP} **ever** had a problem with dizziness, light-headedness, feeling as if {you are/SP is} going to pass out or faint, or with unsteadiness or feeling off-balance?

Do **not** include times when drinking alcohol, using recreational drugs, or taking medications that cause dizziness.

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

HELP SCREEN:

Balance disorder or problem is a disturbance that causes an individual to feel unsteady when standing or walking. The individual experiences loss of equilibrium (balance) and may fall since he/she is unable to maintain a standing position, or walk, without support.

Dizziness: A general descriptive term that includes various symptoms, such as vertigo (the illusion of a spinning, rocking, falling or other motion), or blurred vision when moving your head.

Light-headedness: A feeling that your sense of space is mildly distorted or not quite sharp, but not that you or objects around you are moving. With light-headedness, you may feel as if you are going to pass out or faint.

BAQ.320
a-g

The next questions are about symptoms of dizziness, light-headedness, or balance problems. Do **not** include times when drinking alcohol, using recreational drugs, or taking medications that cause dizziness. In the past 12 months, {have you/has SP} had problems with...

CAPI INSTRUCTIONS: MAKE ABOVE TEXT OPTIONAL (IN BRACKETS) for b through g.

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

- a. **vertigo** – a sensation of spinning, tilting, swaying or rocking of {yourself/himself/herself} or {your/his/her} surroundings? _____
- b. **blurring** of {your/his/her} vision when {you move your/he moves his/she moves her} head? _____
- c. **unsteady** – a feeling of being off-balance or not stable when standing or sitting upright? _____
- d. **light-headed** – a feeling {your/his/her} sense of space is mildly distorted, or not quite sharp, but not that {you/he/she} or objects around {you/him/her} are moving? _____
- e. **fainting** – a feeling {you are/he is/she is} going to pass out or faint? _____
- f. **disconnected** – a detached, floating, or spacey sensation? _____
- g. **other** – problems with balance, dizziness or light-headedness that are not well-described by the symptoms already mentioned? _____

HELP SCREEN:

Vertigo is an **illusion** of rotation, rocking, or other motion, such as riding a carousel.

BOX 1

CHECK ITEM BAQ.330:

IF NONE OF THE RESPONSES TO THE 7 QUESTIONS (BAQ.320a–BAQ.320g) IS “YES”, GO TO BAQ.530.

IF ONLY ONE RESPONSE TO THE 7 QUESTIONS, BAQ.320a–BAQ.320g, IS “YES”, GO TO BAQ.350 AND FILL BAQ.340 WITH THE ONE YES RESPONSE.

IF MORE THAN ONE RESPONSE TO THE 7 QUESTIONS (BAQ.320a–BAQ.320g) IS “YES”, CONTINUE TO BAQ.340.

BAQ.340 This next section focuses on {your/ SP's} most bothersome symptom in the past 12 months.

During the past 12 months, which one of these problems with dizziness, balance, or light-headedness bothered {you/SP} the most?

CAPI INSTRUCTION: ONLY DISPLAY RESPONSE OPTIONS WITH A "YES" RESPONSE RECORDED IN QUESTIONS BAQ.320a TO BAQ.320g. BAQ.320a = RESPONSE OPTION 1, BAQ.320b = RESPONSE OPTION 2, BAQ.320c = RESPONSE OPTION 3, BAQ.320d = RESPONSE OPTION 4, BAQ.320e = RESPONSE OPTION 5, BAQ.320f = RESPONSE OPTION 6, BAQ.320g = RESPONSE OPTION 7.

- Vertigo: a sensation of spinning, tilting, swaying or rocking of {yourself/himself/herself} or {your/his/her} surroundings..... 1
- Blurring of {your/his/her} vision when {you move/he moves/she moves} {your/his/her} head..... 2
- Unsteady: a feeling of being off-balance or not stable when standing or sitting upright.. 3
- Light-headed: a feeling {your/his/her} sense of space is mildly distorted, or not quite sharp, but not that {you/he/she} or objects around {you/him/her} are moving 4
- Fainting: a feeling {you are/he is/she is} going to pass out or faint..... 5
- Disconnected: a detached, floating, or spacey sensation 6
- Other: problems with balance, dizziness or light-headedness that are not well-described by the above list of symptoms 7
- REFUSED 77 (BAQ.400)
- DON'T KNOW 99 (BAQ.400)

BAQ.350 About how old {were you/was SP} when {RESPONSE FOR BAQ.340} **first** happened?

INTERVIEWER INSTRUCTION: ENTER AGE IN YEARS.

HARD EDIT: 001-120. ALSO, AGE CAN NOT BE GREATER THAN AGE OF SP.

CAPI INSTRUCTION: FILL {RESPONSE FOR BAQ.340} WITH TEXT OF RESPONSE SELECTED FOR BAQ.340.

- |_|_|_|_|
- ENTER AGE IN YEARS
- REFUSED 777 (BAQ.400)
- DON'T KNOW 999

BAQ.360 During the past 12 months, how long from the beginning-to-end did each occurrence – episode, bout, or attack – of {your/SP's} {RESPONSE FOR BAQ.340} usually last?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE HOW LONG IT TAKES TO RECOVER FROM ACCOMPANYING CONDITIONS, SUCH AS NAUSEA, VOMITING, MUSCLE WEAKNESS, ETC.

CAPI INSTRUCTION: FILL {RESPONSE FOR BAQ.340} WITH TEXT OF RESPONSE SELECTED FOR BAQ.340.

- LESS THAN 2 MINUTES..... 1
- 2 MINUTES TO LESS THAN 20 MINUTES... 2
- 20 MINUTES TO LESS THAN 8 HOURS..... 3
- 8 HOURS TO LESS THAN 24 HOURS
(ONE DAY) 4
- 1 DAY TO LESS THAN 14 DAYS
(TWO WEEKS)..... 5
- 2 WEEKS TO LESS THAN 3 MONTHS 6
- 3 MONTHS OR LONGER..... 7
- REFUSED 77 (BAQ.400)
- DON'T KNOW..... 99

BAQ.370 During the past 12 months, about how often {have you/has SP} had the {RESPONSE FOR BAQ.340}?

CAPI INSTRUCTION: FILL {RESPONSE FOR BAQ.340} WITH TEXT OF RESPONSE SELECTED FOR BAQ.340.

- 1 OR 2 TIMES IN THE PAST YEAR..... 1
- 3 TO 6 TIMES IN THE PAST YEAR 2
- ABOUT ONCE A MONTH (7 TO 18 TIMES)
LAST YEAR 3
- 2 TO 3 TIMES A MONTH 4
- 1 OR 2 TIMES A WEEK 5
- 3 TO 6 TIMES A WEEK..... 6
- 1 OR 2 TIMES A DAY..... 7
- 3 OR MORE TIMES A DAY 8
- ALMOST ALWAYS OR CONSTANTLY..... 9
- REFUSED 77 (BAQ.400)
- DON'T KNOW..... 99

BAQ.380 During the past 12 months, were {your/SP's} episodes for {your/his/her} {RESPONSE FOR BAQ.340} triggered by any of the following?

HAND CARD BAQ1

CODE ALL THAT APPLY.

INTERVIEWER INSTRUCTION:

CODE 'NONE OF THESE' IF THE RESPONDENT THINKS THAT HE/SHE KNOWS WHAT TRIGGERED HIS/HER EPISODE BUT IT IS NOT A POSSIBLE REPOSE OPTION.

CODE 'DON'T KNOW' IF THE RESPONDENT DOES NOT KNOW WHAT TRIGGERED HIS/HER EPISODE.

CAPI INSTRUCTION: FILL {RESPONSE FOR BAQ.340} WITH TEXT OF RESPONSE SELECTED FOR BAQ.340.

HARD EDIT: "NONE OF THESE" MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

- GETTING UP AFTER SITTING OR LYING
DOWN 1
- BENDING DOWN OR LEANING OVER 2
- LOOKING UP OR LEANING HEAD BACK.... 3
- LOOKING AT MOVING OBJECTS –
PASSING TRAFFIC OR A TRAIN 4
- BEING IN A PLACE WITH A LOT OF
PEOPLE MOVING AROUND 5
- BEING IN WIDE-OPEN SPACES..... 6
- MOTION SICKNESS FROM RIDING IN A
CAR OR MOVING VEHICLE 7
- QUICK HEAD MOVEMENT FROM
SIDE-TO-SIDE 8
- ROLLING OVER IN BED 9
- STANDING ON YOUR FEET FOR A
LONG TIME 10
- NONE OF THESE 11
- REFUSED 77 (BAQ.400)
- DON'T KNOW..... 99

BAQ.390 During the past 12 months, were {your/SP's} episodes for {your/his/her} {RESPONSE FOR BAQ.340} accompanied by any of the following?

HAND CARD BAQ2

CODE ALL THAT APPLY.

INTERVIEWER INSTRUCTION:

CODE 'NONE OF THESE' IF THE RESPONDENT THINKS THAT HE/SHE KNOWS WHAT ACCOMPANIED HIS/HER EPISODE BUT IT IS NOT A POSSIBLE REPNSE OPTION.

CODE 'DON'T KNOW' IF THE RESPONDENT DOES NOT KNOW WHAT ACCOMPANIED HIS/HER EPISODE.

CAPI INSTRUCTION: FILL {RESPONSE FOR BAQ.340} WITH TEXT OF RESPONSE SELECTED FOR BAQ.340.

HARD EDIT: "NONE OF THESE" MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

NAUSEA OR VOMITING	1
MIGRAINE OR SEVERE HEADACHE	2
TINNITUS (RINGING, BUZZING OR ROARING IN EARS AND HEAD)	3
SINUS CONGESTION.....	4
DEPRESSION	5
EAR FULLNESS, PRESSURE OR STUFFED-UP FEELING, WITHOUT PAIN.	6
HEARING TROUBLE (WORSE HEARING) ..	7
NONE OF THESE	8
REFUSED	77
DON'T KNOW.....	99

HELP SCREEN:

"Accompanied by" means a few hours before, after, or at the same time as the episode.

BAQ.400 During the past 12 months, {did your/SP's} dizziness or balance problem(s) prevent {you/SP} from doing things {you/he/she} otherwise would do?

YES	1
NO	2 (BAQ.420)
REFUSED	7
DON'T KNOW.....	9

HELP SCREEN:

Time period involved is "at the time of the dizziness or balance problem or afterwards" – dizziness or balance problems can prevent normal activities, even if the dizziness or balance problem happened just once. Episodes that happen once may have either short-term or long-term effects. Both occur.

BAQ.410 a-i During the past 12 months, did problems with balance, dizziness, or light-headedness prevent {you/SP} from doing any of the following?

CAPI INSTRUCTIONS: MAKE ABOVE TEXT OPTIONAL (IN BRACKETS) for b through i.

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

- a. Working? _____
- b. Attending school? _____
- c. Attending social activities? _____
- d. Driving or riding in a moving vehicle? _____
- e. Exercising or taking walks? _____
- f. Reading while sitting at rest? _____
- g. Doing routine household chores (cleaning, laundry, etc.)? _____
- h. Standing on your feet for 30 minutes or longer? _____
- i. Walking up or down a flight of stairs? _____

BAQ.420 During the past 12 months, how much of a problem was {your/his/her} problem with balance, dizziness, or light-headedness? Was it...

INTERVIEWER INSTRUCTION: IF RESPONDENT IS UNCLEAR HOW TO ANSWER BECAUSE EPISODES VARY, THEN JUST ASK THE RESPONDENT TO THINK ABOUT THEIR TYPICAL EPISODE TO RESPOND.

- no problem,..... 1
- a small problem, 2
- a moderate problem,..... 3
- a big problem, or..... 4
- a very big problem? 5
- REFUSED 7
- DON'T KNOW..... 9

BAQ.430 Think of any time {you have/SP has} had symptoms of dizziness, imbalance, etc.

{Have you/Has SP} **ever** seen a doctor or other health professional, including emergency room physicians, about {your/his/her} problem(s) with balance, dizziness, or light-headedness?

- YES 1
- NO 2 (BAQ.490)
- REFUSED 7 (BAQ.490)
- DON'T KNOW..... 9 (BAQ.490)

BAQ.440 How long ago did {you/SP} **first** see a doctor or other health professional, including emergency room physicians, about {your/his/her} problem(s) with balance, dizziness or light-headedness?

- LESS THAN 3 MONTHS 1
- 3 MONTHS TO LESS THAN 12 MONTHS
(1 YEAR)..... 2
- 1 YEAR TO LESS THAN 5 YEARS..... 3
- 5 YEARS TO LESS THAN 10 YEARS..... 4
- 10 YEARS OR LONGER 5
- REFUSED 7
- DON'T KNOW..... 9

BAQ.450 Did any doctors or health care professionals **ever** tell {you/SP} the cause or give {you/him/her} a diagnosis for {your/SPs} problem(s) with balance, dizziness or light-headedness?

- YES 1
- NO 2 (BAQ.490)
- REFUSED 7 (BAQ.490)
- DON'T KNOW..... 9 (BAQ.490)

BAQ.460 Did {your/SP's} doctor(s) or health care professional(s) tell {you/him/her} the cause or causes of {your/his/her} problem(s) with balance, dizziness, or light-headedness was any of the following health conditions?

HAND CARD BAQ3

CODE ALL THAT APPLY.

HARD EDIT: "NONE OF THESE" MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

- ANEMIA..... 1
- ANXIETY OR PANIC ATTACKS..... 2
- DIABETES 3
- HEART DISEASE 4
- HORMONAL CHANGES (INCLUDING
PREGNANCY)..... 5
- LOW BLOOD PRESSURE OR
HYPOTENSION..... 6
- LOW BLOOD SUGAR OR HYPOGLYCEMIA 7
- STROKE 8
- NONE OF THESE 9
- REFUSED 77
- DON'T KNOW..... 99

BAQ.470 Did {your/SP's} doctor(s) or health care professional(s) tell {you/him/her} the cause or causes of {your/his/her} problems with balance, dizziness, or light-headedness was due to any of the following specific reasons?

HAND CARD BAQ4

CODE ALL THAT APPLY.

HARD EDIT: "NONE OF THESE" MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

- AUTO-IMMUNE DISEASE, SUCH AS RHEUMATOID ARTHRITIS, LUPUS, SJOGREN'S 1
- BENIGN POSITIONAL VERTIGO (BPV OR BPPV)..... 2
- CRYSTALS-LOOSE OR DISLODGED IN EAR..... 3
- HEAD OR NECK TRAUMA OR CONCUSSION 4
- INNER EAR INFECTION, VIRAL LABRYNTHITIS 5
- MÉNIÈRE'S (Men-e-AIRZ) DISEASE..... 6
- MIGRAINES OR HEADACHES..... 7
- NEUROLOGICAL CONDITION, SUCH AS MULTIPLE SCLEROSIS, PARKINSON'S... 8
- SIDE EFFECTS FROM MEDICATIONS, SUCH AS CANCER TREATMENTS, ANTIBIOTICS 9
- NONE OF THESE 10
- REFUSED 77
- DON'T KNOW..... 99

BAQ.480 {Have you/has SP} ever been treated by a doctor or other health professional for problem(s) with balance, dizziness, or light-headedness?

- YES 1
- NO TREATMENT WAS RECOMMENDED ... 2
- NO, BECAUSE {I/he/she} DID NOT WANT TREATMENT 3
- REFUSED 7
- DON'T KNOW..... 9

BAQ.490 {Have you/Has SP} ever tried anything to treat {your/his/her} problem(s) with balance, dizziness, or light-headedness?

- YES 1
- NO 2 (BAQ.520)
- REFUSED 7 (BAQ.520)
- DON'T KNOW..... 9 (BAQ.520)

BAQ.500 During the past 5 years, {have you/has SP} had or tried any of the following to treat {your/his/her} problem(s) with balance, dizziness, or light-headedness? Please respond for **any** treatments {you/he/she} tried, whether recommended by a healthcare provider, friend or relative, or the internet.

HAND CARD BAQ5

CODE ALL THAT APPLY.

HARD EDIT: "NONE OF THESE" MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

EXERCISES AT HOME, WHICH WERE NOT BEGUN IN A CLINIC.....	1
EXERCISES OR PHYSICAL THERAPY BEGUN IN A CLINIC	2
BED REST FOR SEVERAL HOURS OR DAYS.....	3
HEAD ROLLING OR EPLEY MANEUVER BY A DOCTOR OR THERAPIST.....	4
STEROID INJECTIONS INTO THE EAR	5
GENTAMICIN (<i>jen-tah-MI-sin</i>) INJECTIONS INTO THE EAR.....	6
PRESCRIPTION MEDICINES.....	7
PSYCHIATRIC OR PSYCHOLOGICAL TREATMENT	8
SURGERY TO THE EAR	9
SOME OTHER TYPE OF SURGERY.....	10
NONE OF THESE	11
REFUSED	77
DON'T KNOW.....	99

BAQ.510 During the past 5 years, {have you/has SP} had or tried any of the following alternative treatments for {your/his/her} problem(s) with balance, dizziness, or light-headedness? Please respond for **any** treatments {you/he/she} tried, whether recommended by a healthcare provider, friend or relative, or the internet.

HAND CARD BAQ6

CODE ALL THAT APPLY.

HARD EDIT: "NONE OF THESE" MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

OVER-THE COUNTER MEDICINES OR DRUGS	1
DIETARY RESTRICTIONS: LOW SALT DIET, AVOIDING CERTAIN FOODS OR DRINKS, SUCH AS CHOCOLATE, COFFEE, OR ALCOHOL.....	2
QUITTING OR REDUCING USE OF TOBACCO OR CIGARETTES.....	3
MASSAGE THERAPY OR CHIROPRACTIC TREATMENTS OR MANIPULATIONS	4
HERBAL REMEDY: FEVERFEW LEAF, GINGER, GINKGO BILOBA, ETC.	5
WEARING MAGNETS OR ACUPRESSURE WRISTBAND	6
COUNSELING OR STRESS MANAGEMENT .	7
ACUPUNCTURE	8
NONE OF THESE	9
REFUSED	77
DON'T KNOW.....	99

BAQ.520 {Do you/Does SP} regularly take medicine that makes (your/his/her) problem(s) with balance, dizziness, or light-headedness worse?

YES	1
NO	2
REFUSED	7
DON'T KNOW.....	9

BAQ.530 The next questions are about frequency of falling and associated injuries. By “falling”, we mean unexpectedly or unintentionally dropping to a lower surface – the floor or ground– for example, from a standing, seated, walking, or bending position.

During the past 5 years, how many times {have you/has SP} fallen?

INTERVIEWER INSTRUCTION: A FALL CAN BE FROM ANY POSITION.

- Never 1 (BAQ.570)
- 1 or 2 times 2
- 3 to 4 times 3
- About Every Year..... 4
- About Every Month 5
- About Every Week 6
- Daily Or Constantly 7
- REFUSED 77 (BAQ.570)
- DON'T KNOW 99 (BAQ.570)

BAQ.540 During the past 5 years, how often did any of {your/SP's} falls occur just before or around the time {you were/he was/she was} having problem(s) with balance, dizziness, or light-headedness?

- Never or rarely 1
- Sometimes..... 2
- About half the time..... 3
- Almost always or always..... 4
- REFUSED 7
- DON'T KNOW..... 9

BAQ.550 During the past 12 months, how many times {have you/has SP} fallen?

- NEVER 1 (BAQ.570)
- 1 OR 2 TIMES 2
- 3 TO 4 TIMES..... 3
- 5 TO 9 TIMES..... 4
- 10 OR MORE TIMES..... 5
- REFUSED 7
- DON'T KNOW..... 9

BAQ.560 During the past 12 months, did {you/SP} have an **injury** that resulted from falling?

INTERVIEWER INSTRUCTION:INJURIES INCLUDE CUTS OR WOUNDS, DISLOCATION OF JOINTS, FRACTURES OR BROKEN BONES, PAIN, ACHE OR STRAIN TO THE SPINE OR BACK, HEAD OR NECK INJURY, SPRAIN OR TORN LIGAMENT OR MUSCLE, AND SWELLING OR BRUISING.

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

BAQ.570 During the past 12 months, how many times {have you/has SP} tripped or slipped, losing {your/his/her} balance, but {were/was} able to regain balance before/without falling?

- NEVER 1
- 1 OR 2 TIMES 2
- 3 TO 4 TIMES..... 3
- 5 TO 9 TIMES..... 4
- 10 OR MORE TIMES..... 5
- REFUSED 7
- DON'T KNOW..... 9

BAQ.580 {Have you/Has SP} **ever** had any of the following health problems?

HAND CARD BAQ7

CODE ALL THAT APPLY.

HARD EDIT: "NO-NONE OF THESE" MAY NOT BE CHOSEN WITH ANY OTHER ENTRY.

- ANXIETY OR PANIC ATTACKS..... 1
- AUTO-IMMUNE DISEASE, SUCH AS
RHEUMATOID ARTHRITIS, LUPUS,
SJOGREN'S 2
- COGNITIVE PROBLEMS, SUCH AS
MEMORY, ATTENTION, LEARNING 3
- DEPRESSION 4
- HEAD INJURY OR CONCUSSION 5
- HEART RHYTHM PROBLEMS OR
HEART FAILURE 6
- MIGRAINE(S) OR SEVERE HEADACHES ... 7
- NUMBNESS IN THE HANDS OR FEET
LASTING FOR DAYS OR LONGER..... 8
- NEUROLOGICAL DISORDER, SUCH AS
PARKINSON'S, MULTIPLE SCLEROSIS,
SEIZURES 9
- VISUAL DISTURBANCES SUCH AS
DOUBLE VISION, OR EXTREME LIGHT
SENSITIVITY 10
- NO-NONE OF THESE 11
- REFUSED 77
- DON'T KNOW..... 99