

**STANDING BALANCE – BAQ**  
**TARGET GROUP: SPS 20-69 YEARS**

BAQ.321 a-d 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 d.

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/SP's} or {your/his/her/SP's} surroundings? \_\_\_\_\_
- b. **blurring of {your/his/her/SP's} vision** when {you move your/he moves his/she moves her/SP moves SP's} head? \_\_\_\_\_
- c. **unsteadiness** – a feeling of being off-balance or not stable when standing or sitting upright? \_\_\_\_\_
- d. **light-headedness** – without a sense of motion, OR **fainting** – a feeling {you are/he is/she is/SP is} going to pass out or faint \_\_\_\_\_

HELP SCREEN:

**Vertigo:** Vertigo is a sensation of feeling off-balance from rotation, rocking, or other motion, such as riding a carousel.

**Unsteadiness:** a feeling of being off balance or not stable when standing or sitting upright.

**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.

**Fainting:** a feeling you are going to pass out or lose consciousness.

**BOX 1**

**CHECK ITEM BAQ.330:**

IF NONE OF THE RESPONSES TO THE 4 QUESTIONS (BAQ.321a–BAQ.321d) IS “YES”, GO TO BAQ.530.

IF ONLY ONE RESPONSE TO THE 4 QUESTIONS, BAQ.321a–BAQ.321d, IS “YES”, GO TO BAQ.391 AND FILL BAQ.341 WITH THE ONE YES RESPONSE.

IF MORE THAN ONE RESPONSE TO THE 4 QUESTIONS (BAQ.321a–BAQ.321d) IS “YES”, CONTINUE TO BAQ.341.

BAQ.341 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 bothered {you/SP} the most?

CAPI INSTRUCTION: ONLY DISPLAY RESPONSE OPTIONS WITH A "YES" RESPONSE RECORDED IN QUESTIONS BAQ.321a TO BAQ.321d. BAQ.321a = RESPONSE OPTION 1, BAQ.321b = RESPONSE OPTION 2, BAQ.321c = RESPONSE OPTION 3, BAQ.321d = RESPONSE OPTION 4.

- Vertigo ..... 1
- Blurring vision ..... 2
- Unsteadiness ..... 3
- Light-headedness or fainting ..... 4
- REFUSED ..... 7 (BAQ.401)
- DON'T KNOW ..... 9 (BAQ.401)

HELP SCREEN:

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

**Unsteadiness:** a feeling of being off balance or not stable when standing or sitting upright.

**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. **Fainting:** a feeling you are going to pass out or lose consciousness.

BAQ.391a/b During the past 12 months, were {your/SP's} episodes for {your/his/her/SP's} {RESPONSE FOR BAQ.341} accompanied by the following?

CAPI INSTRUCTION: FILL {RESPONSE FOR BAQ.341} WITH TEXT OF RESPONSE SELECTED FOR BAQ.341.

a. Nausea or vomiting?

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

b. Migraine or severe headache?

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

HELP SCREEN:

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

BAQ.401 During the past 12 months, {did your/SP's} dizziness or balance problem(s) prevent {you/SP} from doing things {you/he/she/SP} otherwise would do, such as, work, school, or other scheduled activities?

- YES ..... 1
- NO ..... 2
- 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.421 During the past 12 months, how much of a problem was {your/his/her/SP's} problem with balance, blurred vision, or light-headedness and fainting? 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.431 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/SP's} problem(s) with balance, blurred vision, or light-headedness and fainting?

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

BAQ.491 {Have you/Has SP} ever tried anything to treat {your/his/her/SP's} problem(s) with balance, blurred vision, or light-headedness and fainting?

- 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 (END OF SECTION)
- 1 or 2 times, ..... 2
- 3 to 4 times, ..... 3
- about every year, ..... 4
- about every month, ..... 5
- about every week, or ..... 6
- daily or constantly, ..... 7
- REFUSED ..... 77 (END OF SECTION)
- DON'T KNOW..... 99 (END OF SECTION)

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

- Never, ..... 1 (END OF SECTION)
- 1 or 2 times, ..... 2
- 3 to 4 times, ..... 3
- 5 to 9 times, or ..... 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