

BALANCE - BAQ

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

- YES 1
- NO 2 (BAQ.070)
- REFUSED 7 (BAQ.070)
- DON'T KNOW 9 (BAQ.070)

BAQ.020	BAQ.030
Which of these problems {have you/has SP} had . . . CAPI INSTRUCTION: TEXT OF QUESTION SHOULD BE OPTIONAL AFTER THE FIRST TIME.	How long did the . . . last? Would you say less than 2 weeks, 2 weeks to 3 months or more than 3 months?
a. dizziness? YES..... 1 → NO 2 (b) REFUSED..... 7 (b) DON'T KNOW 9 (b)	dizziness LESS THAN 2 WEEKS 1 2 WEEKS TO 3 MONTHS..... 2 MORE THAN 3 MONTHS 3 REFUSED 7 DON'T KNOW 9
b. difficulty with balance? YES..... 1 → NO 2 (c) REFUSED..... 7 (c) DON'T KNOW 9 (c)	difficulty with balance LESS THAN 2 WEEKS 1 2 WEEKS TO 3 MONTHS..... 2 MORE THAN 3 MONTHS 3 REFUSED 7 DON'T KNOW 9
c. difficulty with falling? YES..... 1 NO 2 REFUSED..... 7 DON'T KNOW 9	

BAQ.040 {Do you/Does SP} get dizzy when {you/s/he} turn{s} over in bed?

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

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?** _____

Questionnaire: SP (2001-02)
Target Group: 40+

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

BAQ.100 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?

- YES 1
- NO 2
- REFUSED 7