

P11	Do quick movements of your head increase your problem?	Yes	Sometimes	No
F12	Because of your problem, do you avoid heights?	Yes	Sometimes	No
F13	Does turning over in bed increase your problem?	Yes	Sometimes	No
F14	Because of your problem, is it difficult for you to do strenuous housework or yard work?	Yes	Sometimes	No
E15	Because of your problem, are you afraid people may think you are intoxicated?	Yes	Sometimes	No
F16	Because of your problem, is it difficult for you to go for a walk by yourself?	Yes	Sometimes	No
P17	Does walking down a sidewalk increase your problem?	Yes	Sometimes	No
E18	Because of your problem, is it difficult for you to concentrate?	Yes	Sometimes	No
F19	Because of your problem, is it difficult for you to walk around your house in the dark?	Yes	Sometimes	No
E20	Because of your problem, are you afraid to stay home alone?	Yes	Sometimes	No
E21	Because of your problem, do you feel handicapped?	Yes	Sometimes	No
E22	Has your problem placed stress on your relationships with members or your family or friends?	Yes	Sometimes	No
E23	Because of your problem, are you depressed?	Yes	Sometimes	No
F24	Does your problem interfere with your job or household responsibilities	Yes	Sometimes	No
P25	Does bending over increase your problem?	Yes	Sometimes	No