

CARDIA X — Year 35 CARDIA Ear Study DIZZINESS QUESTIONNAIRE

No.	Variable Description	Value(s)	Variable Name
1.	CARDIA ID	_____	ID
2.	Form 117 exam date	_____	j117exdt
3.	A feeling that either you, or things around you, are spinning or moving, lasting less than 20 minutes	_____	j117spinl
4.	A feeling that either you, or things around you, are spinning or moving, lasting more than 20 minutes	_____	j117spinm
5.	Nausea (feeling sick), vomiting	_____	j117naus
6.	A feeling of being dizzy, disorientated or swimmy, lasting all day	_____	j117dizzyd
7.	A feeling of being dizzy, disorientated or swimmy, lasting less than 20 minutes	_____	j117dizysl20
8.	Feeling unsteady, about to lose balance, lasting less than 20 minutes	_____	j117unstl20
9.	Feeling unsteady, about to lose balance, lasting more than 20 minutes	_____	j117unstm20
10.	Unable to stand or walk properly without support, veering or staggering to one side	_____	j117stand
11.	Feeling lightheaded, without a sense of motion	_____	j117lighth
12.	Blurring of your vision when you move your head	_____	j117blur
13.	ever had an ear condition that causes dizziness, vertigo, or imbalance	_____	j117earcond
14.	numbness or tingling in your feet or have you been diagnosed with peripheral neuropathy	_____	j117numb
15.	vision loss that cannot be corrected with glasses or contacts, or have you been diagnosed with retinopathy	_____	j117vision

No.	Variable Description	Value(s)	Variable Name
16.	Tech_ID	_____	j117ivid
