# Orthostatic Hypotension Symptom Questionnaire

ID NUMBER: | | | | | | | |  FORM CODE: | O | S | Q |  DATE: 1/5/2022
Version 2.0

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**ADMINISTRATIVE INFORMATION**

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year)  0b. Staff ID: ☐☐☐

**Instructions:** *The form is completed for all participants who agree to participate in the Orthostatic Hypotension ancillary study. This form should be completed prior to collecting the Orthostatic Hypotension Blood Pressure Form.*

## A. Symptom Assessment

**"We would like to ask you questions about symptoms you have experienced in the past 30 days during the process of standing up. On a scale from 1 to 5, where 1 represents "never" and 5 represents "every time you stand without exception", please rate how often you experience the following:"**

1. Light-headedness ☐

Never ..... 1

Rarely.....2

Sometimes .... 3

Often ..... 4

Every time ..... 5

2. Dizziness ☐

Never ..... 1

Rarely..... 2

Sometimes .... 3

Often ..... 4

Every time ..... 5

3. Fainting: ☐

Never ..... 1

Rarely..... 2

Sometimes .... 3

Often ..... 4

Every time ..... 5

4. Black out: ☐

Never ..... 1

Rarely..... 2

Sometimes .... 3

Often ..... 4

Every time ..... 5

5. Imbalance: ☐

Never ..... 1

Rarely..... 2

Sometimes .... 3

Often ..... 4

Every time ..... 5

**B. Fall History**

6. Have you experienced a fall in the <u>past year</u>?

Yes..... ☐Y

No ..... ☐N → **Skip to item 8**

7. How many times did you fall in the past year?

*For each fall reported in the past year, complete the table below for the 10 most recent falls.*

| | What date did this fall occur? (approximate if unsure) (a1-j1) | Did this fall result in a broken bone, an urgent care or emergency room visit, or a hospitalization? (a2-j2) |
|---|---|---|
| 7a. 1st fall | ___ / ___ / _____ mm dd yyyy | ☐ Y Yes ☐ N No |
| 7b. 2nd fall | ___ / ___ / _____ mm dd yyyy | ☐ Y Yes ☐ N No |
| 7c. 3rd fall | ___ / ___ / _____ mm dd yyyy | ☐ Y Yes ☐ N No |
| 7d. 4th fall | ___ / ___ / _____ mm dd yyyy | ☐ Y Yes ☐ N No |
| 7e. 5th fall | ___ / ___ / _____ mm dd yyyy | ☐ Y Yes ☐ N No |
| 7f. 6th fall | ___ / ___ / _____ mm dd yyyy | ☐ Y Yes ☐ N No |
| 7g. 7th fall | ___ / ___ / _____ mm dd yyyy | ☐ Y Yes ☐ N No |
| 7h. 8th fall | ___ / ___ / _____ mm dd yyyy | ☐ Y Yes ☐ N No |
| 7i. 9th fall | ___ / ___ / _____ mm dd yyyy | ☐ Y Yes ☐ N No |
| 7j. 10th fall | ___ / ___ / _____ mm dd yyyy | ☐ Y Yes ☐ N No |

8. Since turning age 65 have you ever broken a bone, visited an urgent care/emergency room, or been hospitalized because of a fall?

Yes..... ☐ Y

No ..... ☐ N