

1. Have you suffered from dizziness or vertigo during the last six months? Y/N
  
2. If YES, specify further the type of vertigo:
  - 2.1. spinning vertigo, as if on a carrousel (**spinning vertigo**) Y/N
  - 2.2. swaying vertigo, as if on a small boat (**swaying vertigo**) Y/N
  - 2.3. feeling of impending black-out when standing up rapidly (**orthostatic vertigo**) Y/N
  - 2.4. none of these three types (**unspecified dizziness**) Y/N
  
3. If YES, is the vertigo:
  - 3.1. triggered or aggravated by head movements? Y/N
  - 3.2. triggered by a change of position (e.g. standing up from lying down?) Y/N
  - 3.3. also present when sitting or lying down? Y/N
  - 3.4. only present when standing or walking? Y/N