

Niigata Persistent Postural-Perceptual Dizziness Questionnaire

Instructions: The purpose of this questionnaire is to identify the difficulties in daily life activities that you may be experiencing due to dizziness. Please indicate your answer by circling the number that best describes the extent to which you have been affected during the past week. If you completely avoid performing any of these actions, circle the number 6.

	None	Unbearable
Q1. Quick movements such as standing up or turning your head	0	1 2 3 4 5 6
Q2. Looking at large store displays	0	1 2 3 4 5 6
Q3. Walking at a natural pace	0	1 2 3 4 5 6
Q4. Watching TV or movies with intense movement	0	1 2 3 4 5 6
Q5. Riding a car, bus, or train	0	1 2 3 4 5 6
Q6. Sitting upright in a seat without back and arm support	0	1 2 3 4 5 6
Q7. Standing without touching fixed objects	0	1 2 3 4 5 6
Q8. Watching a scroll screen on a PC or smartphone	0	1 2 3 4 5 6
Q9. Performing activities such as housework or light exercise	0	1 2 3 4 5 6
Q10. Reading small letters in a book or newspaper	0	1 2 3 4 5 6
Q11. Striding at a rapid pace	0	1 2 3 4 5 6
Q12. Riding an elevator or escalator	0	1 2 3 4 5 6