

Client Oriented Scale of Improvement for Dizziness and Imbalance (COSIDI)

Please list up to five situations that you find challenging due to your dizziness or imbalance (or related reasons, for example, due to anxiety associated with your dizziness). Then rate each for severity by ticking the appropriate box.

It is best to provide examples that you encounter frequently (for example *getting up from a chair*, or *going to the supermarket*), so that you will know if they have improved when you have your follow-up appointment.

My dizziness or imbalance makes these situations difficult.....	Initial severity (date: _____)					Severity at follow-up (date: _____)				
	My dizziness or imbalance makes this situation difficult.... (tick one answer)					My dizziness or imbalance makes this situation difficult.... (tick one answer)				
	Never or Hardly Ever	Occasionally	Half the Time	Most of the Time	Always or Almost Always	Never or Hardly Ever	Occasionally	Half the Time	Most of the Time	Always or Almost Always
Total:										

Scoring: Never or hardly ever=0, Occasionally=1, Half the time=2, Most of the time=3, Always or almost always=4.

Total score: Simply sum up the scores for each item (don't worry if fewer than 5 examples are provided).