

Prescreening Answers

Q1: Have you experienced any recent changes in your vision, such as blurriness or double vision, along with dizziness?

Answer: i feel dizzy

Q2: Are you experiencing any other symptoms, such as nausea, headache, or ringing in the ears, in addition to dizziness?

Answer: no

Q3: How long have you been experiencing dizziness, and does it occur at specific times or under certain conditions?

Answer: no

Q4: Have you had any recent injuries, particularly to the head, or any falls that might be related to your dizziness?

Answer: yes

Q5: Are you currently taking any medications or supplements, and if so, have there been any recent changes in your regimen?

Answer: no