

## Prescreening Answers

Q1: Have you experienced any recent changes in your vision, such as blurred or double vision, when you feel dizzy?

Answer: i feel dizzy

Q2: Do you notice the dizziness occurring at specific times, such as when you stand up quickly or after eating?

Answer: stand up quickly

Q3: Have you had any recent illnesses, infections, or changes in medication that might be related to your dizziness?

Answer: no

Q4: Are you experiencing any other symptoms alongside dizziness, such as nausea, headaches, or ringing in your ears?

Answer: no

Q5: Have you had any recent injuries or falls that could be contributing to your dizziness?

Answer: no