Protocol ID:	Study Subject ID:	
Study Name:	Interviewe	er Name:
Site:	Interview	Date:
Event Name:		
Event Date:	_	
BLSA Sense of Direction - ver. 1.0		
Section Title: Sense of D	irection	
Instructions: This questionnaire consists of several statements about your spatial and navigational abilities, preferences, and experiences. After each statement, you should check a number to indicate your level of agreement with the statement. Mark "1" if you strongly agree that the statement applies to you, "7" if you strongly disagree, or some number in between if your agreement is intermediate. Mark "4" if you neither agree nor disagree.		
Sense of Direction Scale		
Date	☐ Blank	
I am very good at judging	distances. ○ (1) strongly agree ○ (2) ○ (3) ○ (4) ○ (5) ○ (6) ○ (7) strongly disagree	Click to deselect entry
My "sense of direction" is v	very good. \bigcirc (1) strongly agree \bigcirc (2) \bigcirc (3) \bigcirc (4) \bigcirc (5) \bigcirc (6) \bigcirc (7) strongly disagree	Click to deselect entry
I very easily get lost in a no	ew city. (1) strongly agree (2) (3) (4) (5) (6) (7) strongly disagree	Click to deselect entry
I have trouble understanding	ng directions. (1) strongly agree (2) (3) (4) (5) (6) (7) strongly disagree	Click to deselect entry
I don't remember routes ve	ery well while riding as a passenger in a car. (1) strongly agree (2) (3) (4) (5) (6) (7) strongly disagree	Click to deselect entry

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Click to deselect entry

I can usually remember a new route after I have traveled it only once.

○ (1) strongly agree ○ (2) ○ (3) ○ (4) ○ (5) ○ (6) ○ (7) strongly disagree Click to deselect entry

I don't have a very good "mental map" of my environment.

 \bigcirc (1) strongly agree \bigcirc (2) \bigcirc (3) \bigcirc (4) \bigcirc (5) \bigcirc (6) \bigcirc (7) strongly disagree

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