

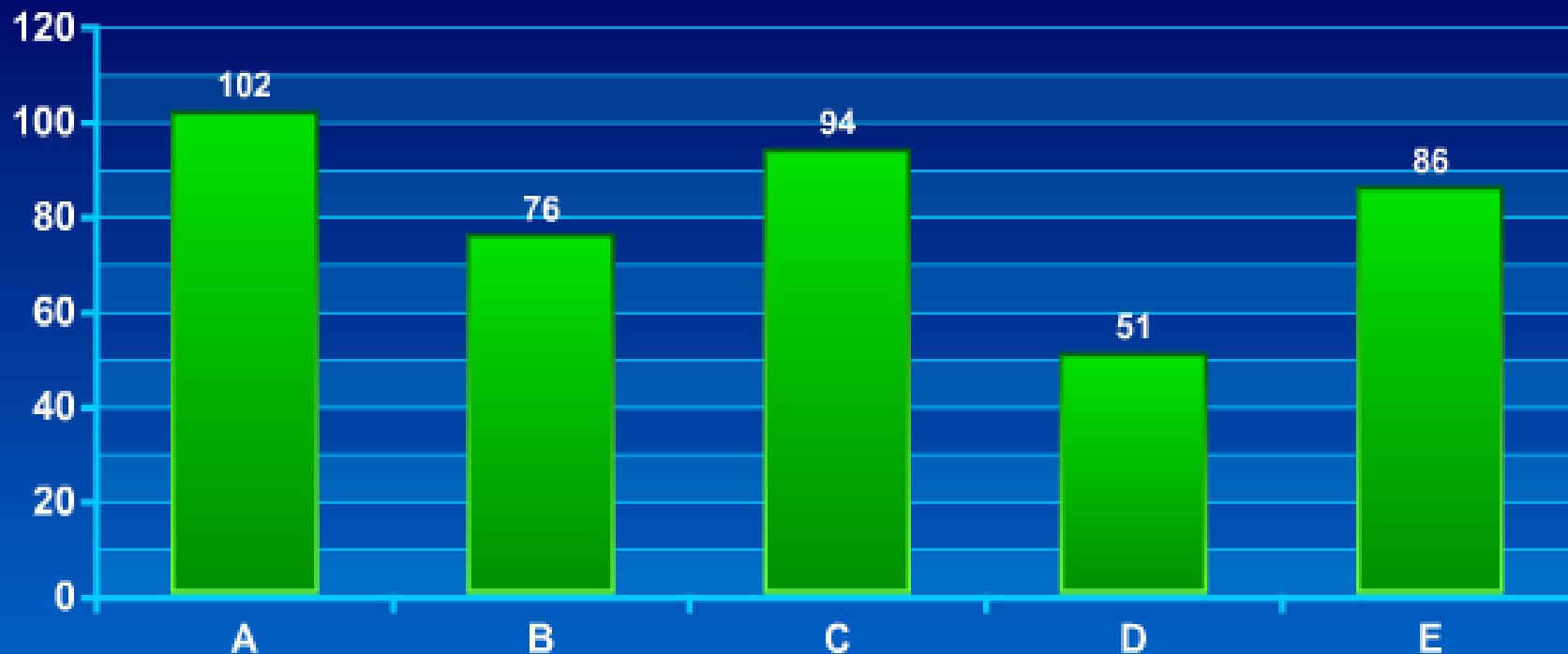
Initial Symptom Survey Mal de Debarquement Balance Disorder Foundation

5/12/2007 -7/7/2007

110 people who had a definitive diagnosis of MdDS made by a Doctor or Consultant (UK) answered this survey. All provided the contact information for that medical professional.

Question 4

When you were FIRST diagnosed with MdDS did you experience: Persistent sensation of motion described as: (Check all that apply)



Frequency of Occurrence

A) Rocking 102

B) Bobbing 76

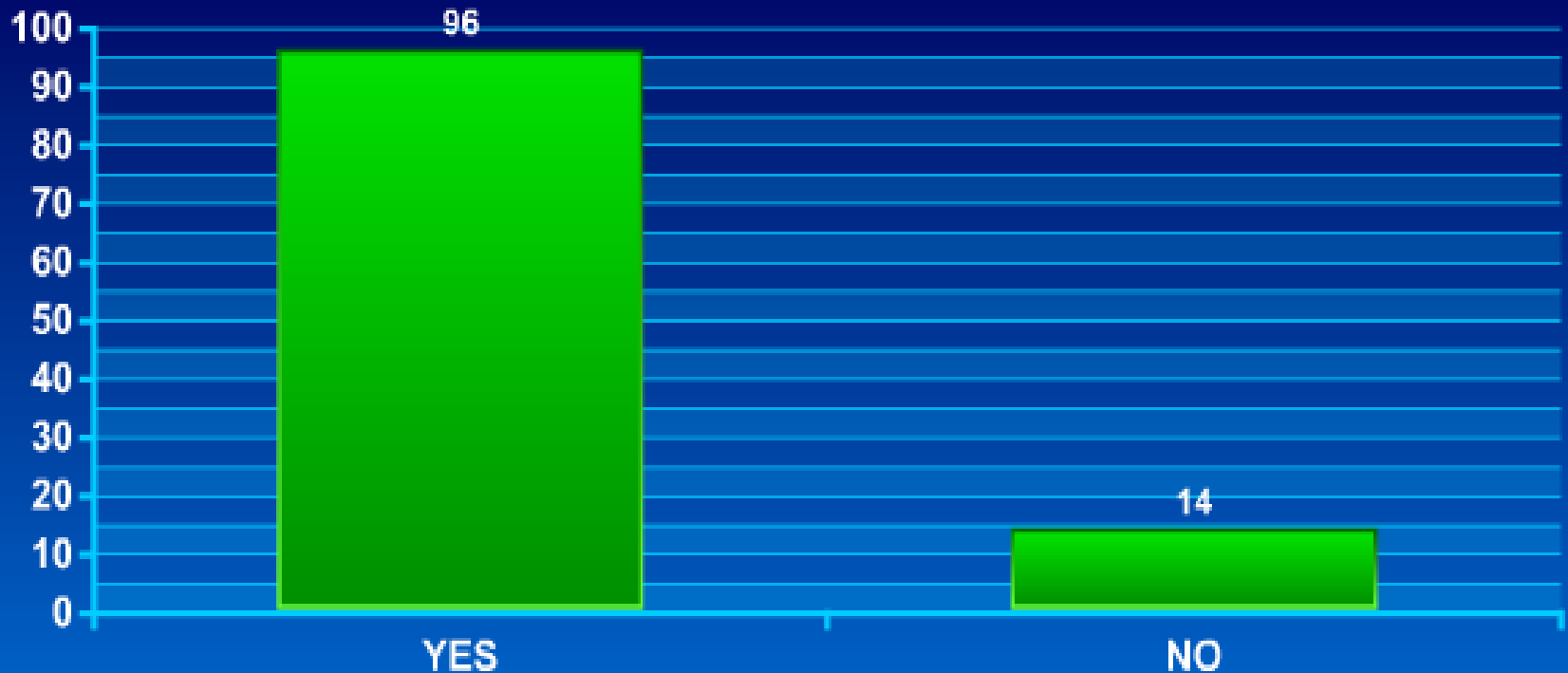
C) Swaying 94

D) Bouncing, when seated or laying down 51

E) Floor Moving up and down 86

Question 5

Did you experience Imbalance?



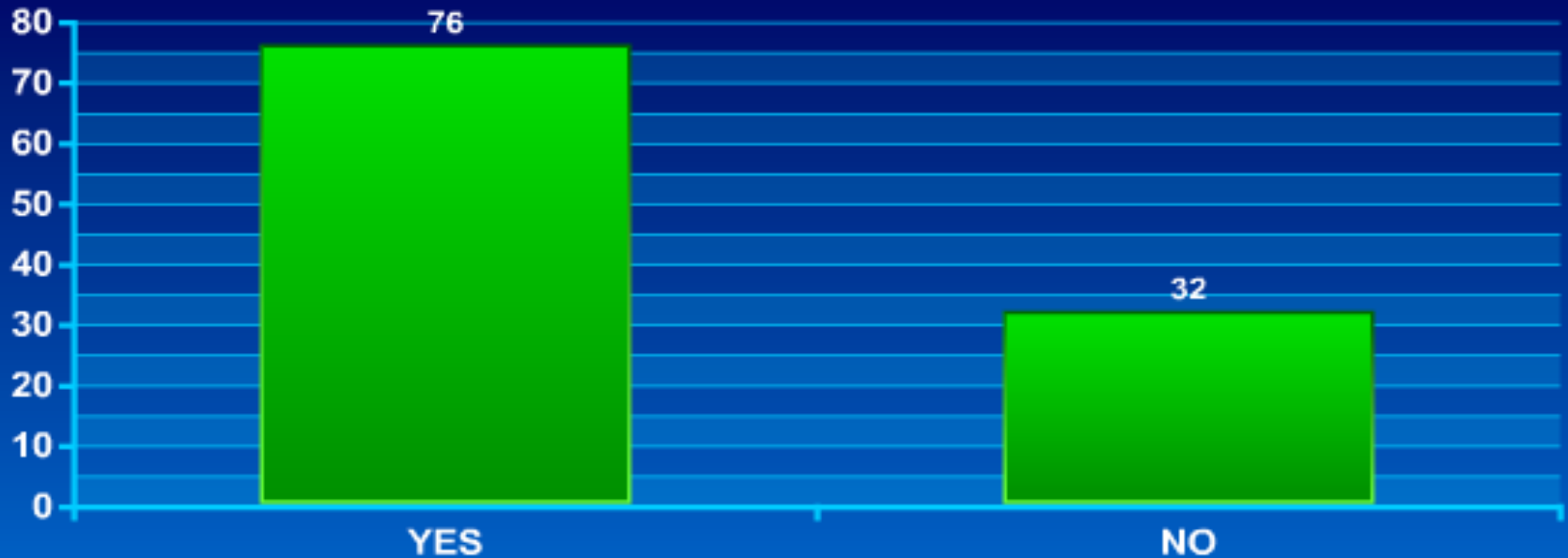
Total responses = 110

87.3 % experienced imbalance

12.7 % did not experience imbalance

Question 6

Was your imbalance worse in the dark?



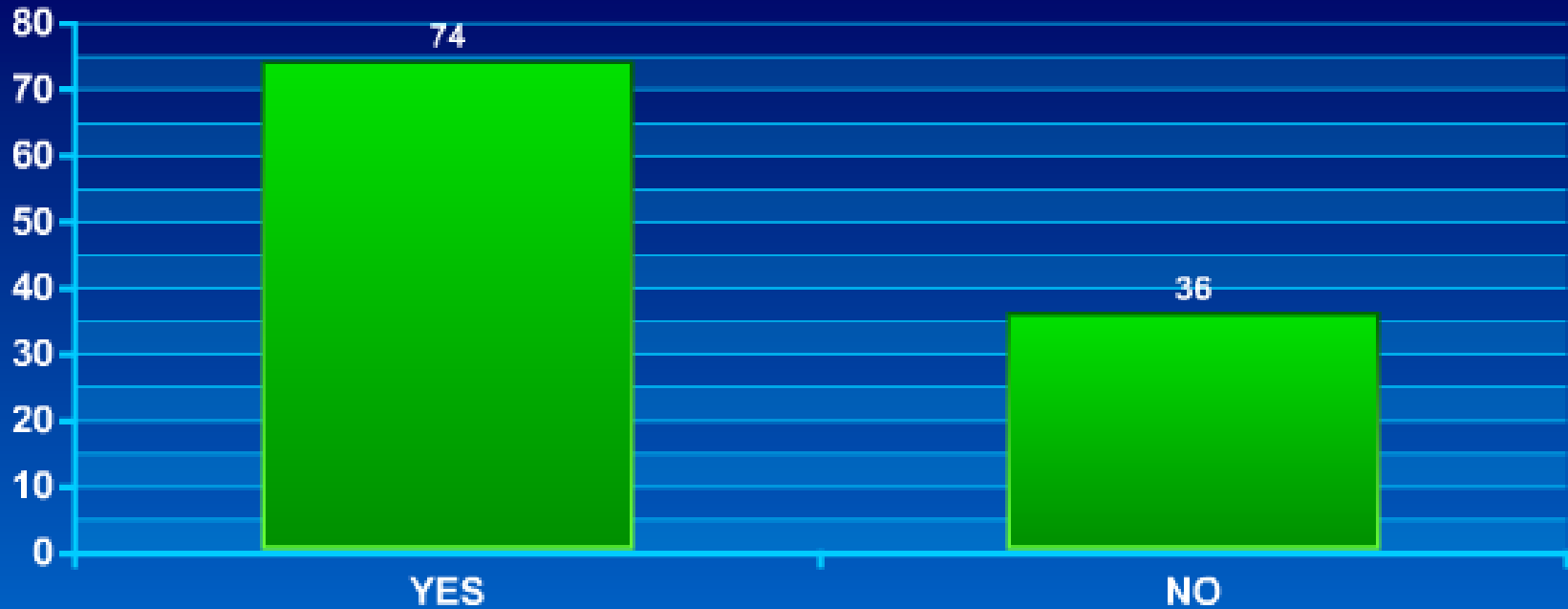
Total Responses = 108

70.4% experienced worse imbalance in the dark

29.6% did not

Question 7

Did you experience ataxia- difficulty walking/staggering gait?



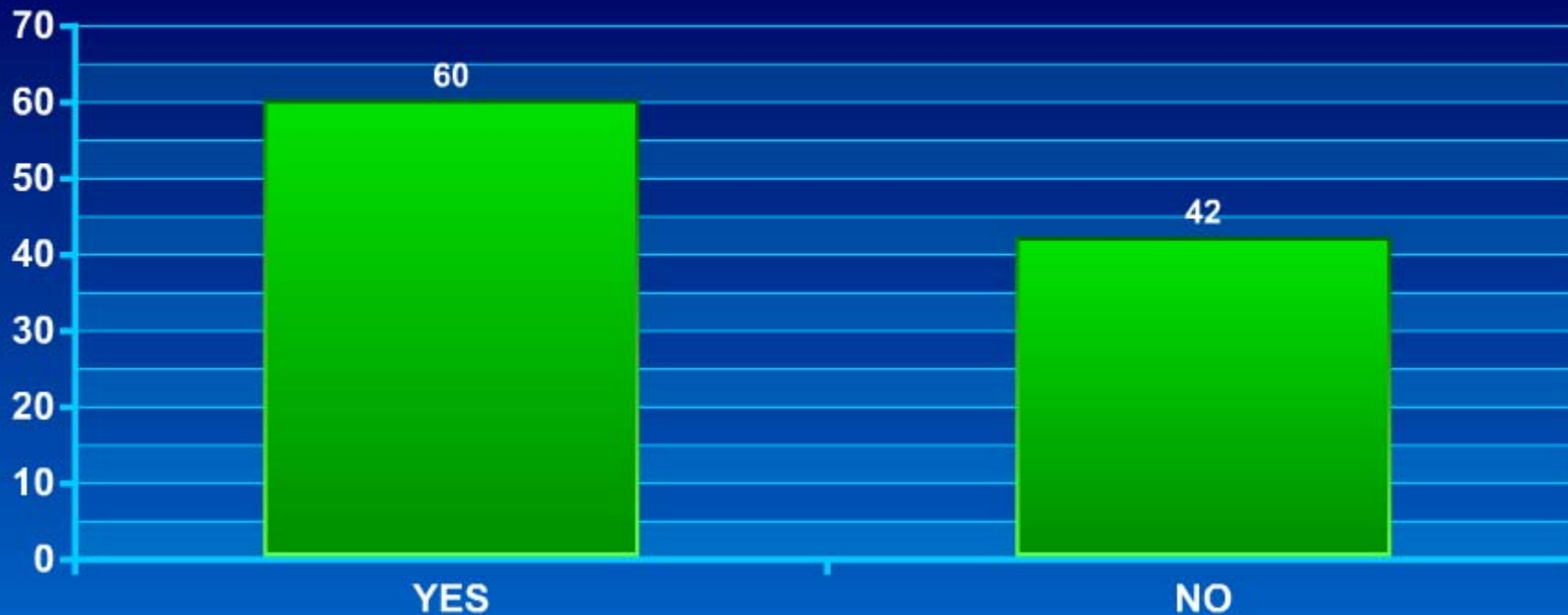
Total Responses = 110

67.3% Experienced Ataxia

23.7% did not

Question 8

Was your ataxia worse in the dark?



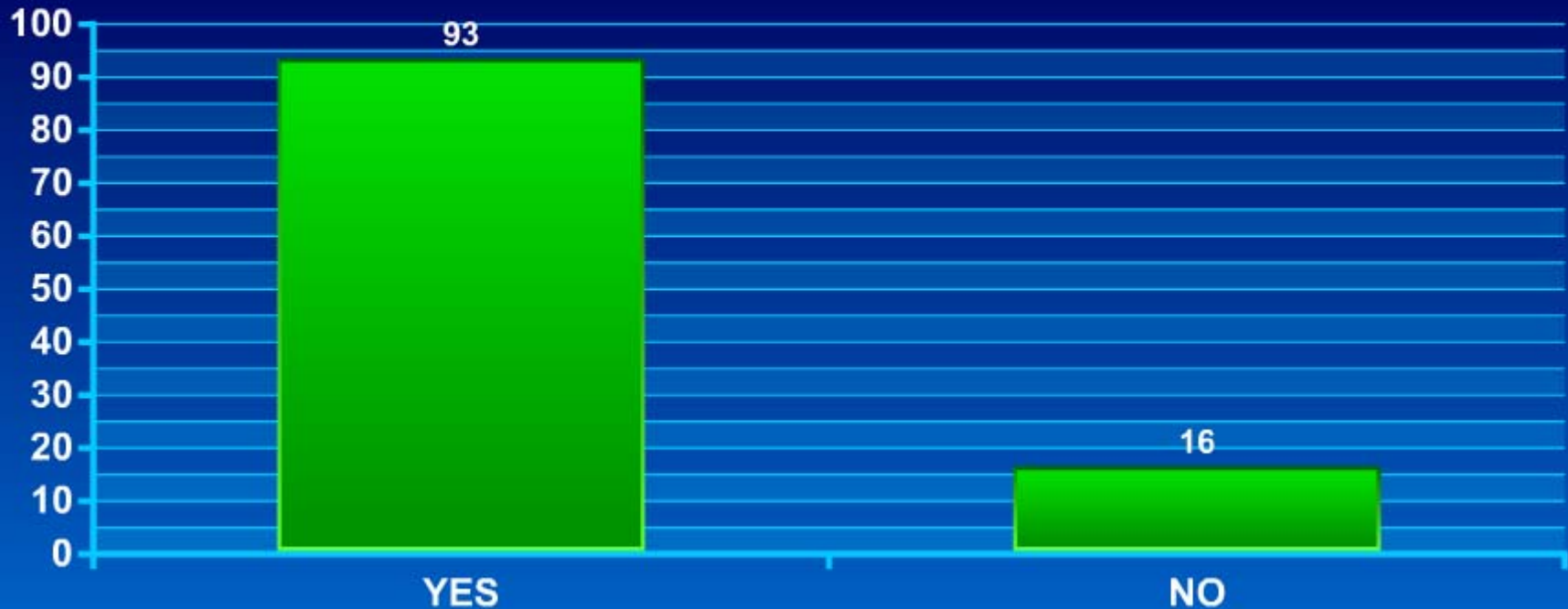
Total Responses = 102

58.8% Reported ataxia was worse in the dark

41.2% Reported it was not

Question 9

Did you experience unusual fatigue?



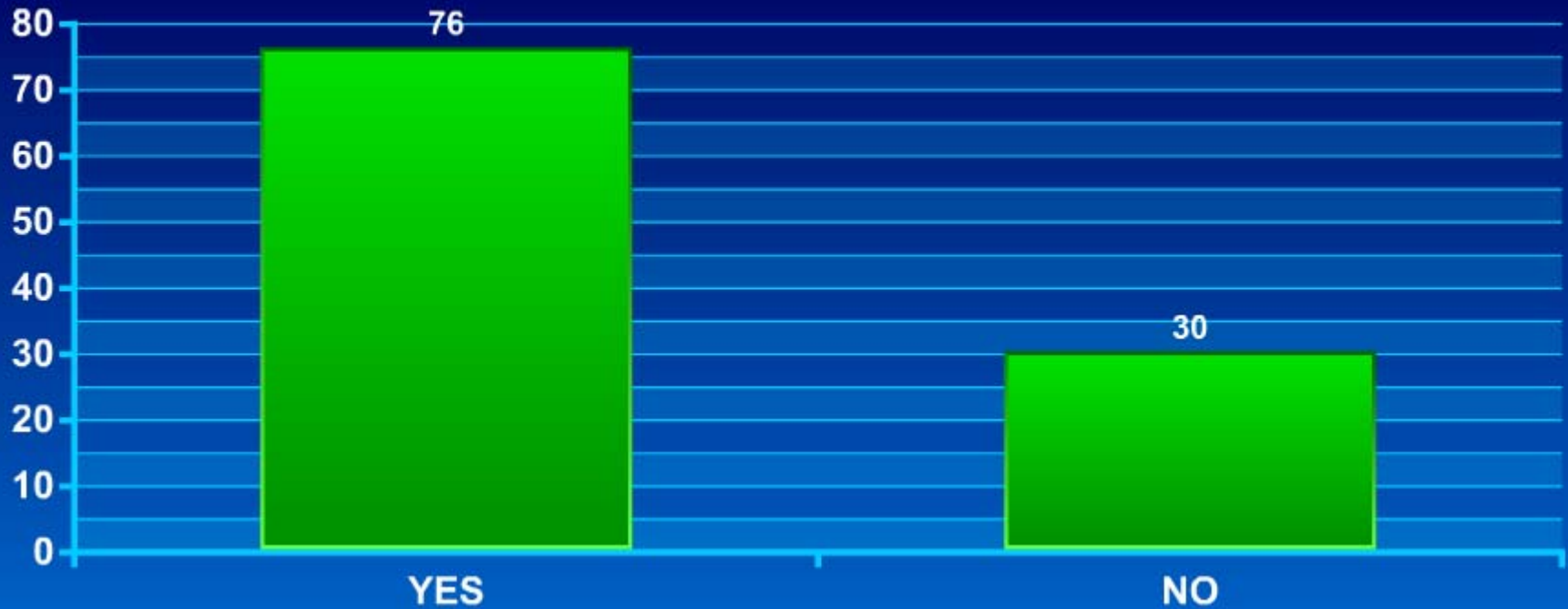
Total responses = 109

85.3% reported unusual fatigue

14.7% did not experience unusual fatigue

Question 10

Did you experience short term memory loss?



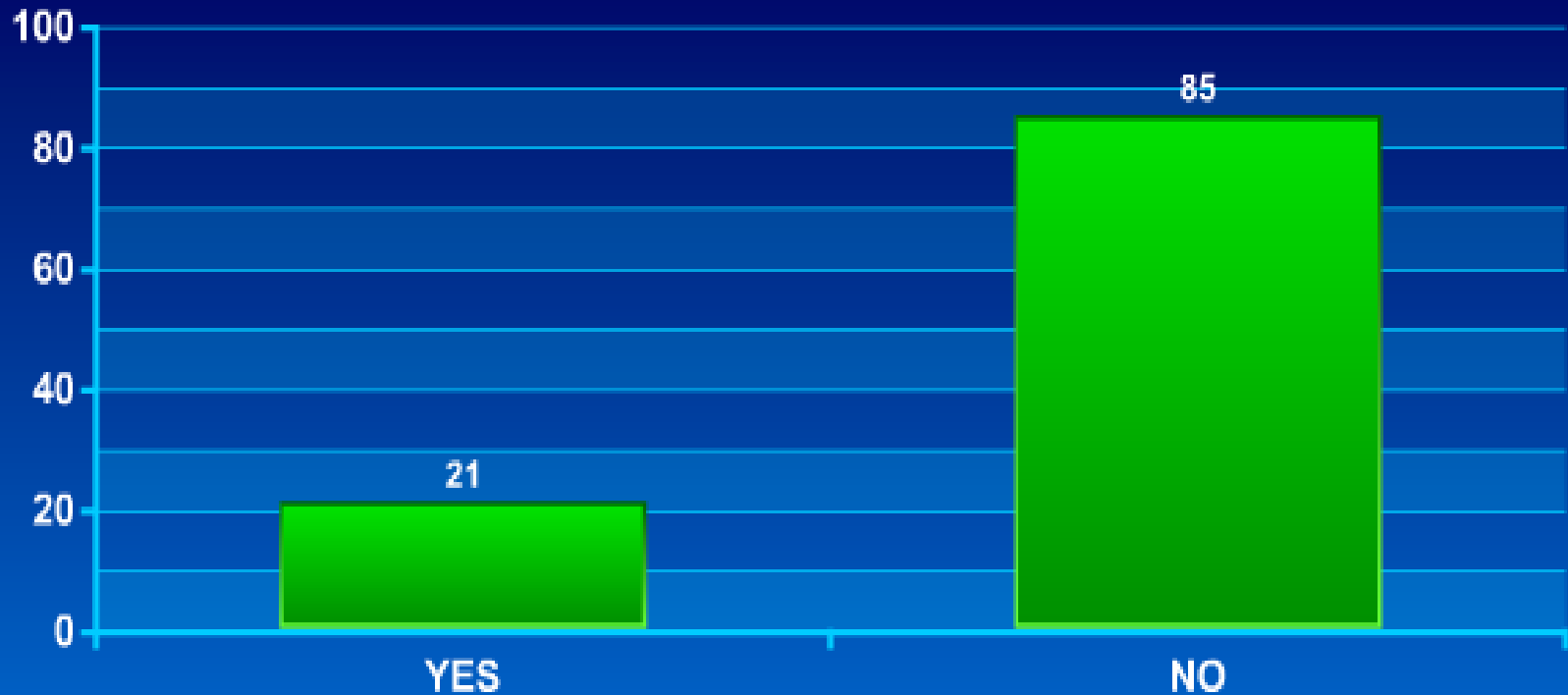
Total Responses = 106

71.7% Experienced short term memory loss

28.3% Did not

Question 11

Did you experience long term memory loss?



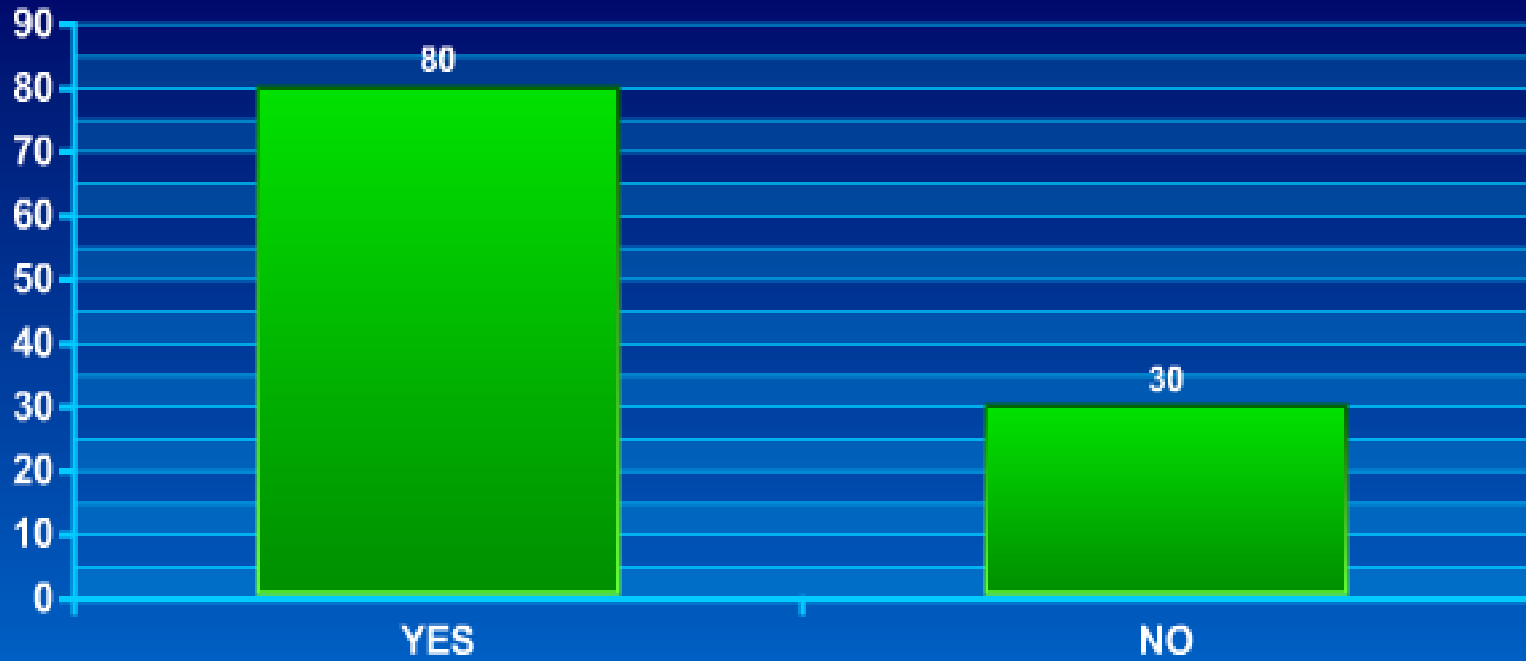
Total Responses = 106

19.8% Experienced Long term memory loss

80.2% did not

Question 12

Did you experience confusion?



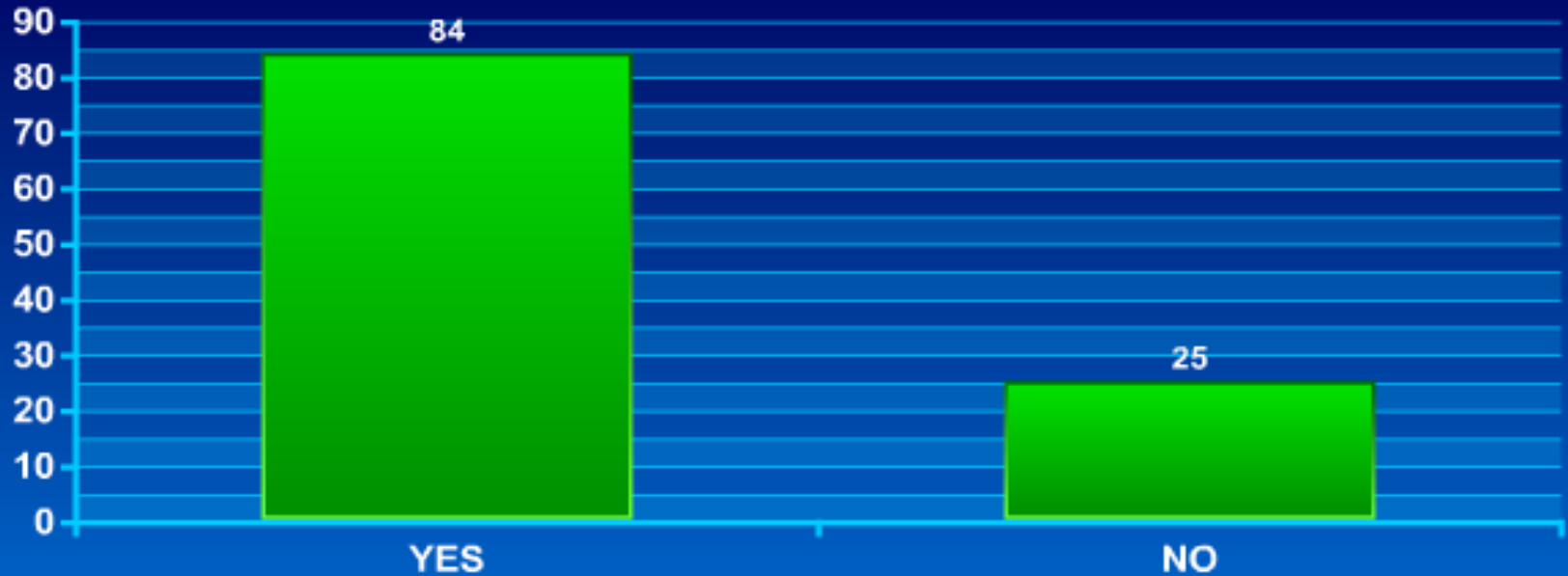
Total responses = 110

72.7% Experienced confusion

27.3% did not

Question 13

Did you experience concentration problems for example: Did you have trouble learning new things?



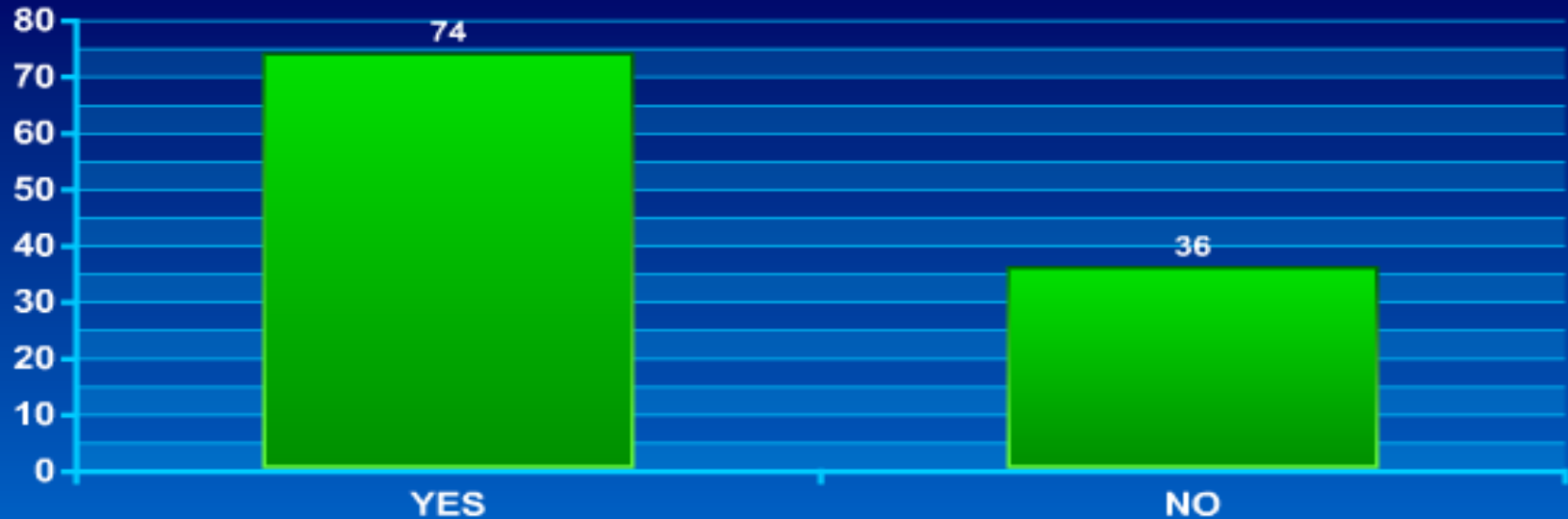
Total Responses = 109

77.1% Experienced concentration problems

22.9% did not

Question 14

Did you experience organization problems for example: balancing a checkbook?



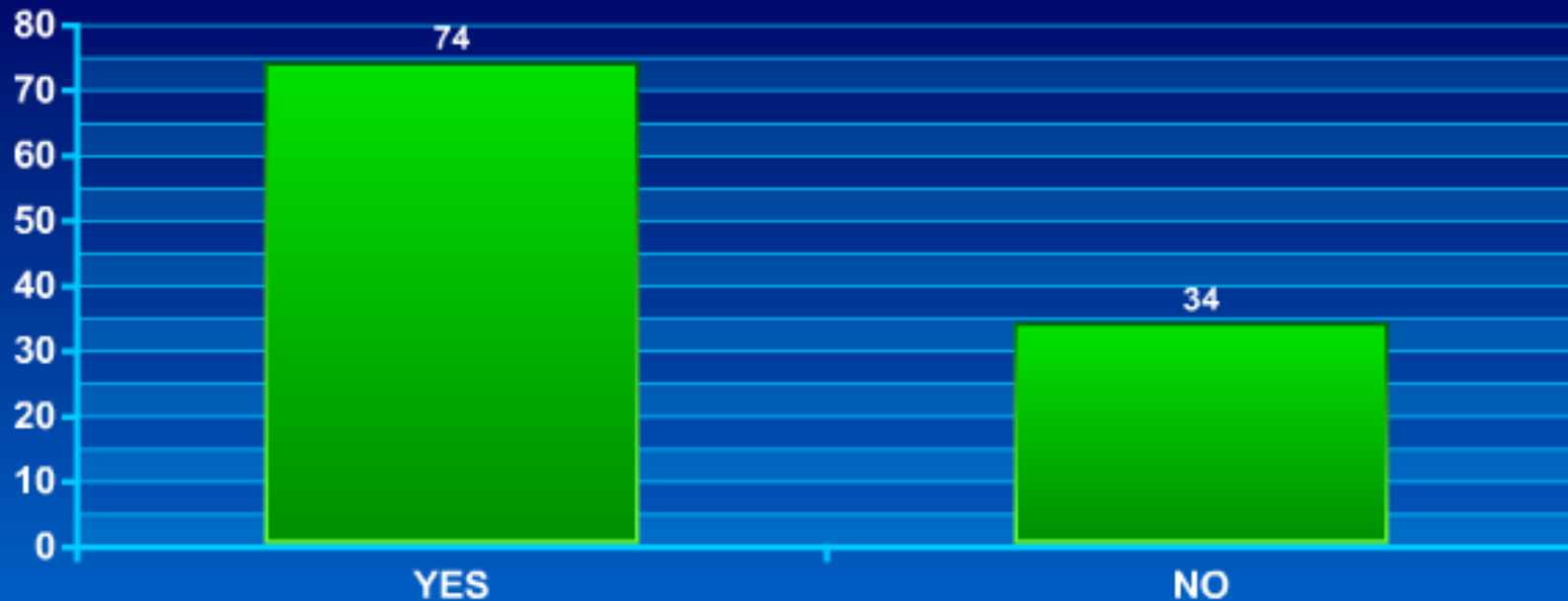
Total responses = 110

67.3% Experienced organizational problems

32.7% did not

Question 15

Did you use incorrect words during conversation?



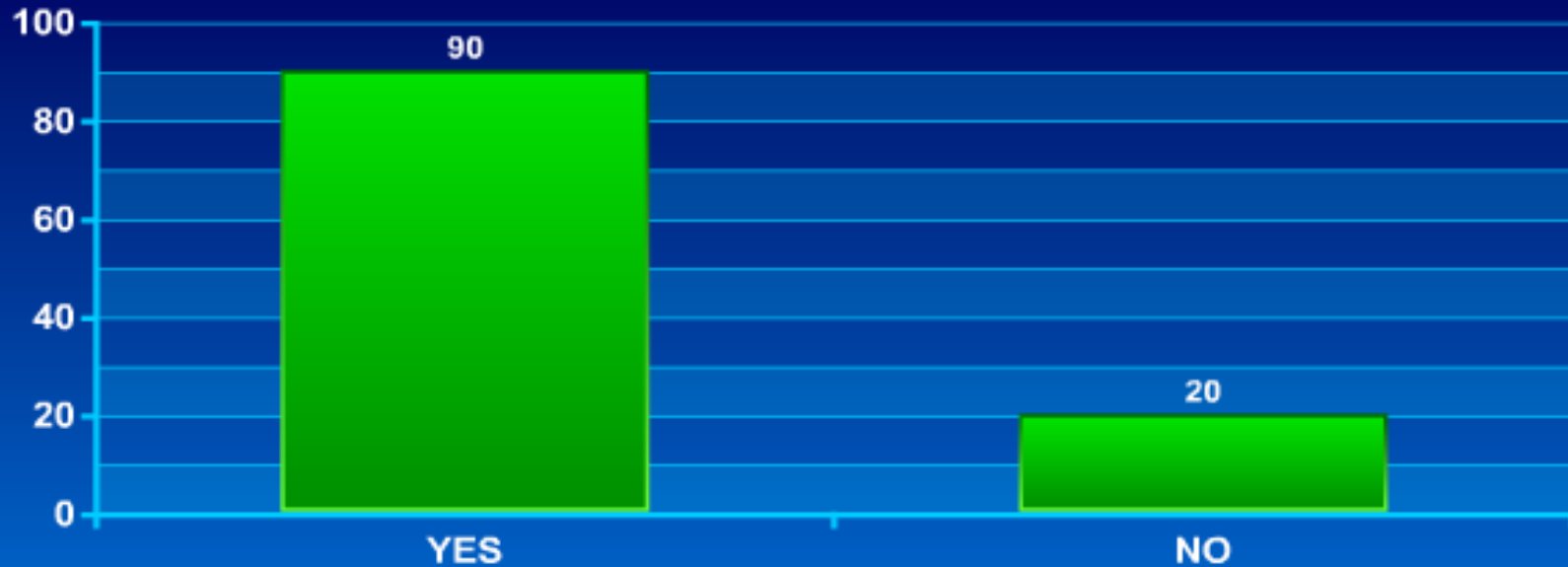
Total responses = 108

68.5% Used incorrect words during conversations

31.5% did not

Question 16

Did you have trouble remembering words?



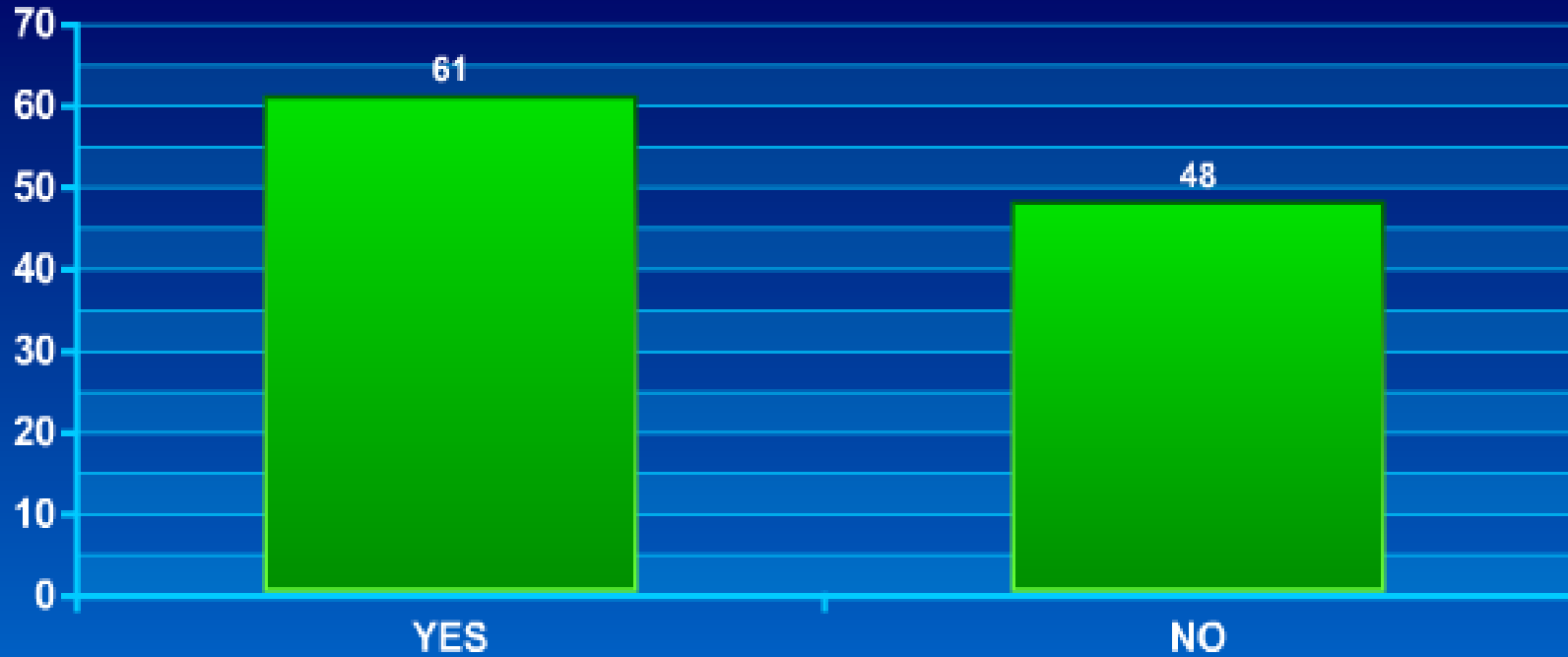
Total responses = 110

81.8% Had trouble remembering words

18.2% did not

Question 17

Did you type words out of sequence or scramble letters while typing?



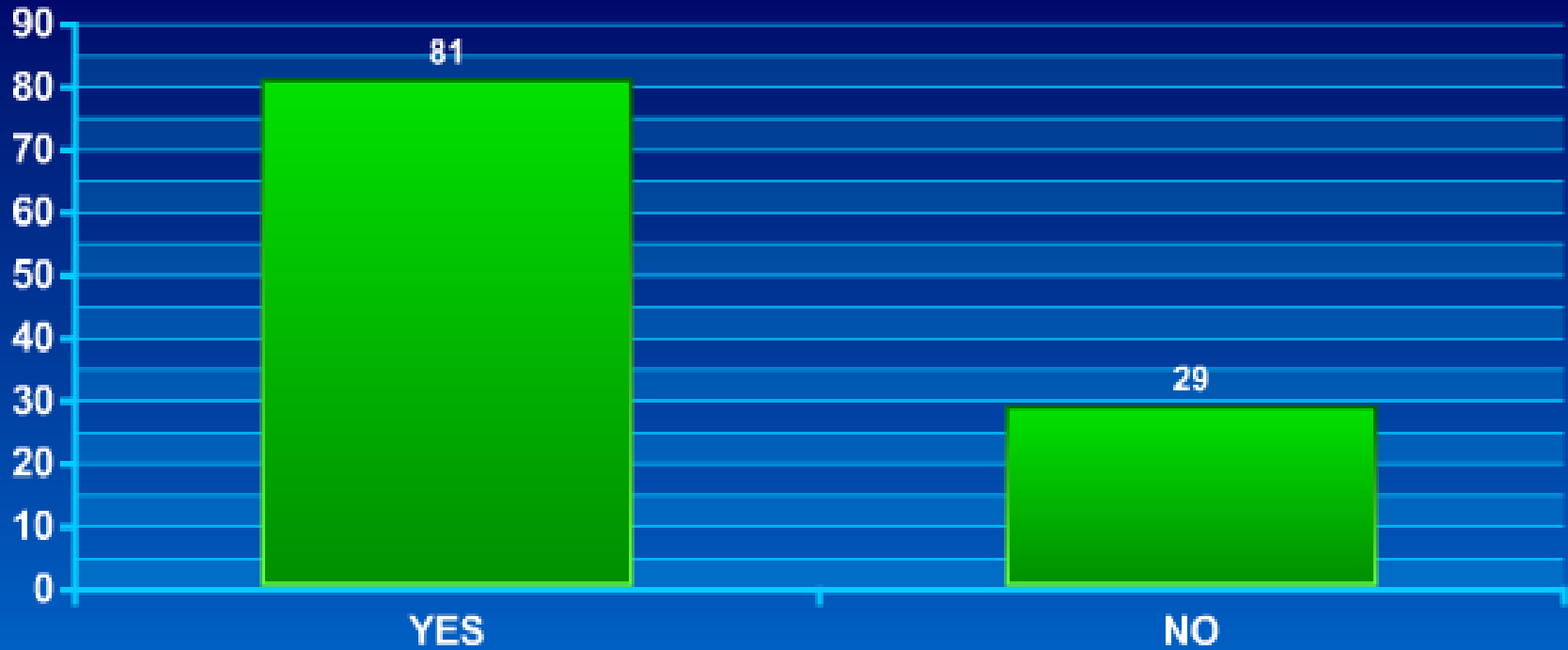
Total responses = 109

56.0% Scrambled words while typing

44.0% did not

Question 18

Did you have problems multitasking?



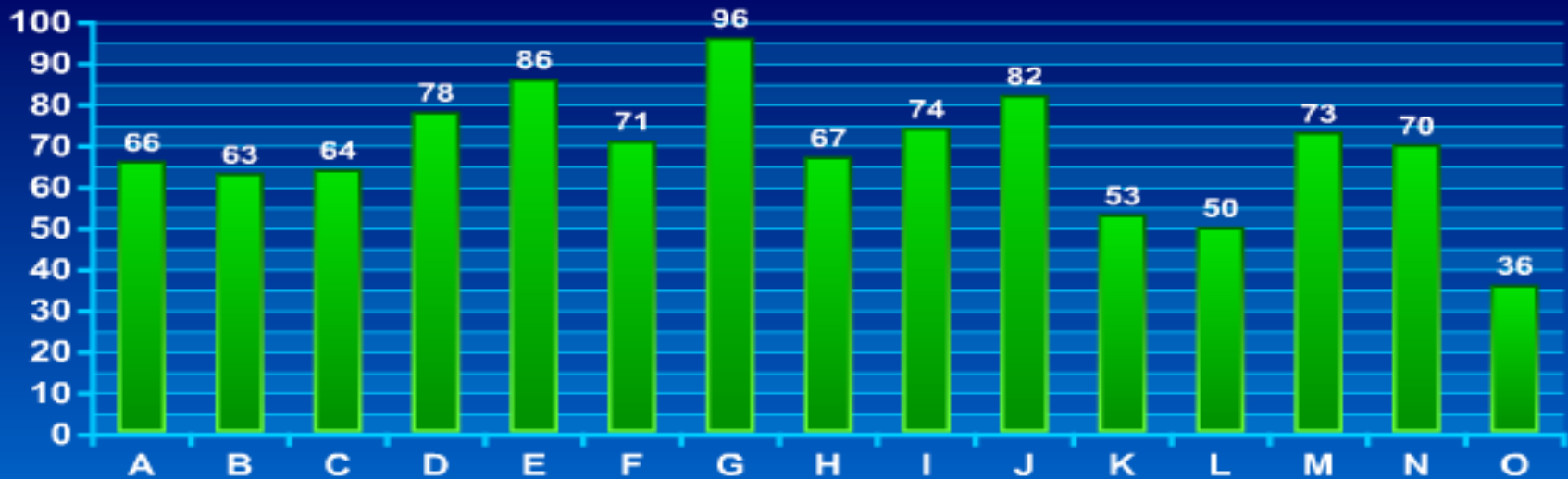
Total responses = 110

73.6% Indicate problems while multi-tasking

26.4% did not

Question 19

Did you experience an increase in motion when exposed to: (Choose all that apply)



- A) Florescent lights
- B) Strobe lights
- C) Bright lights
- D) Loud noises
- E) Sudden movement
- F) When startled
- G) Stress
- H) Computer screen
- I) Wild Patterns
- J) Crowds
- K) Small Spaces
- L) Stores with High Ceilings
- M) When Bending Down
- N) When Looking Up
- O) Other

Question 20

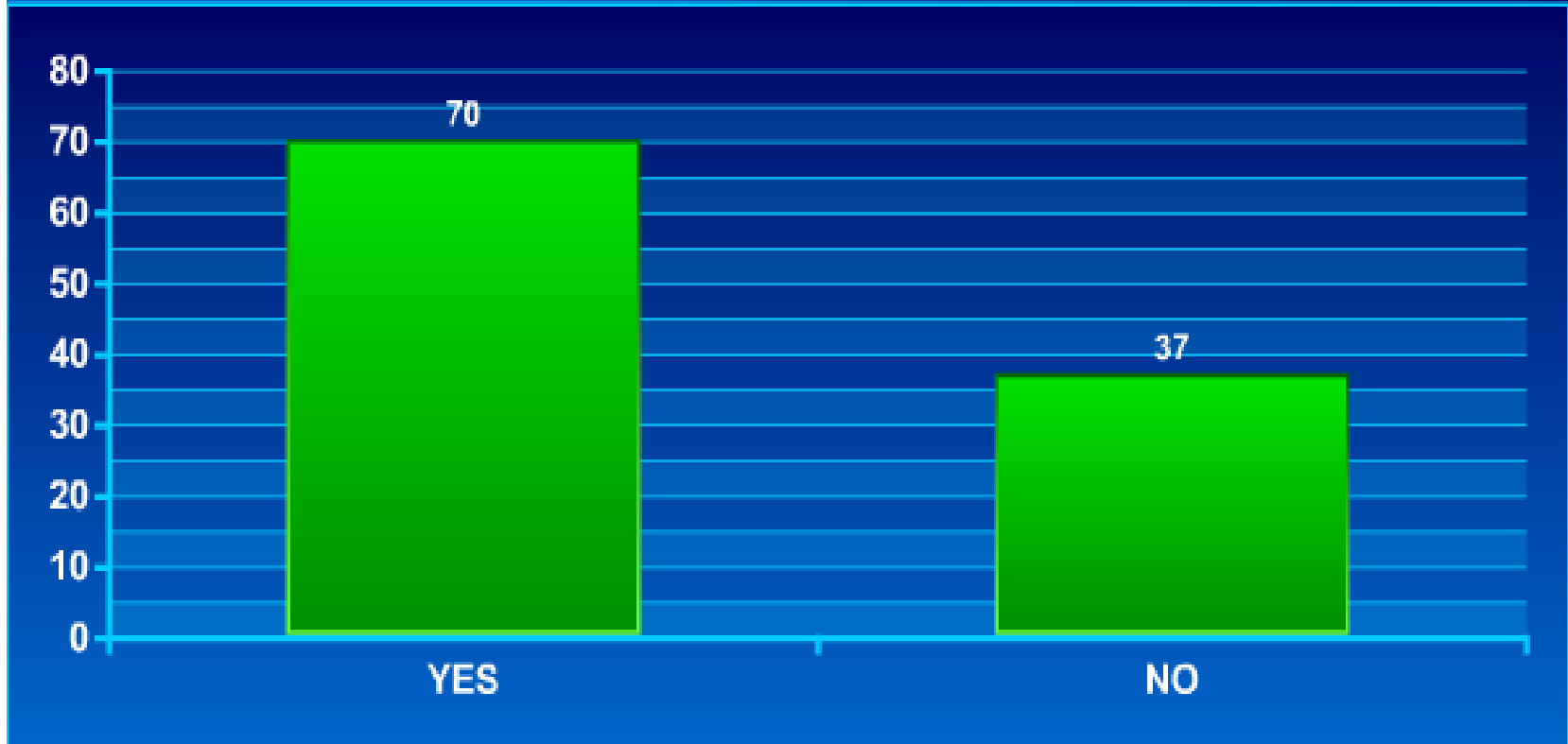
Did you experience anxiety?



Total responses = 109
80.7% Experienced Anxiety
19.3% did not

Question 21

Did you experience depression?



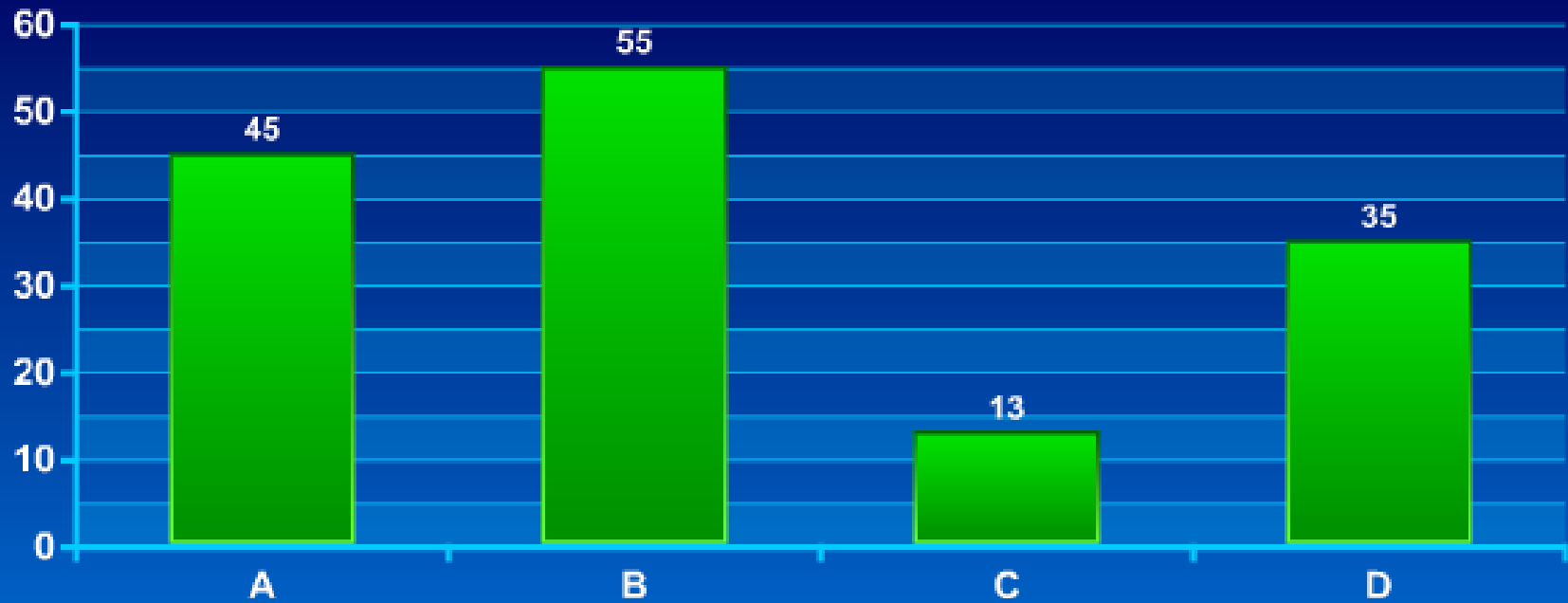
Total responses = 107

65.4% Experienced Depression

34.6% did not

Question 22

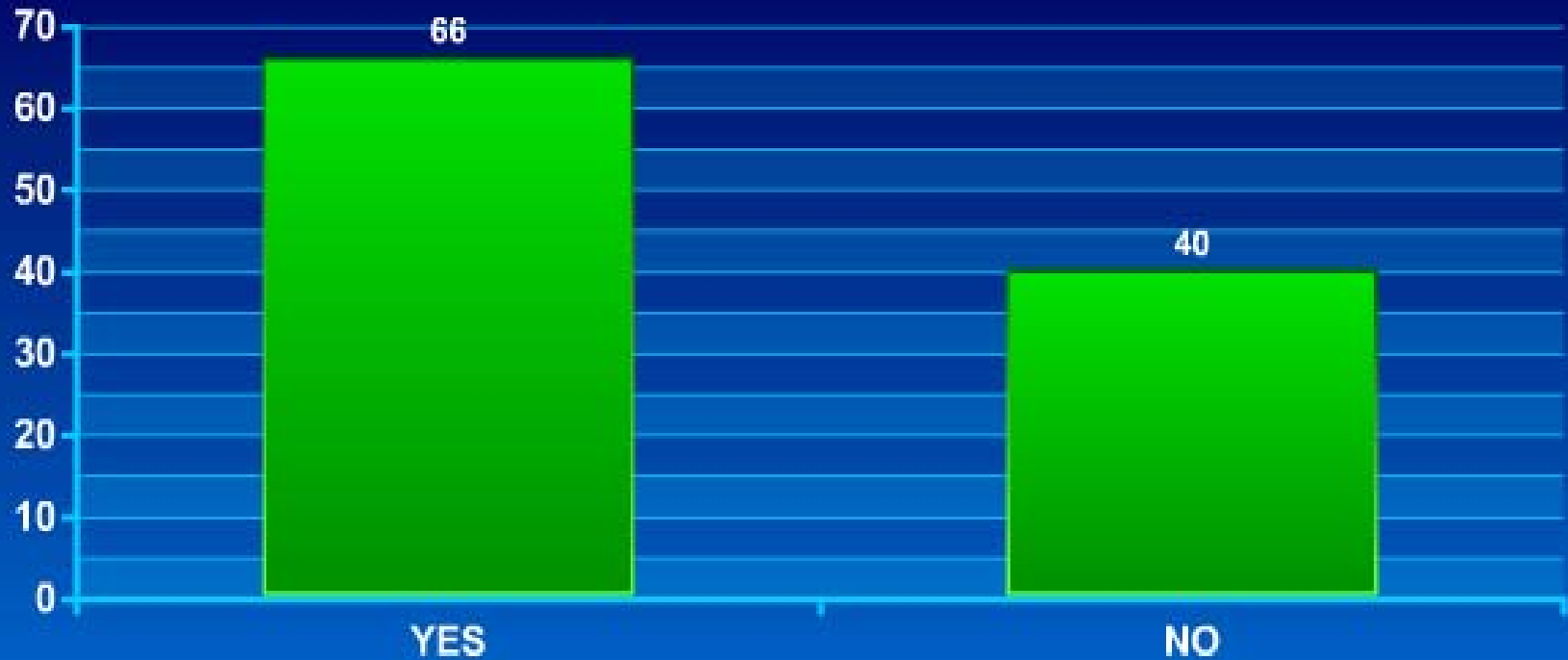
Did you have headaches, what type?



- A) Migraine**
- B) Tension**
- C) Cluster**
- D) Sinus**

Question 23

Did you experience dizziness?



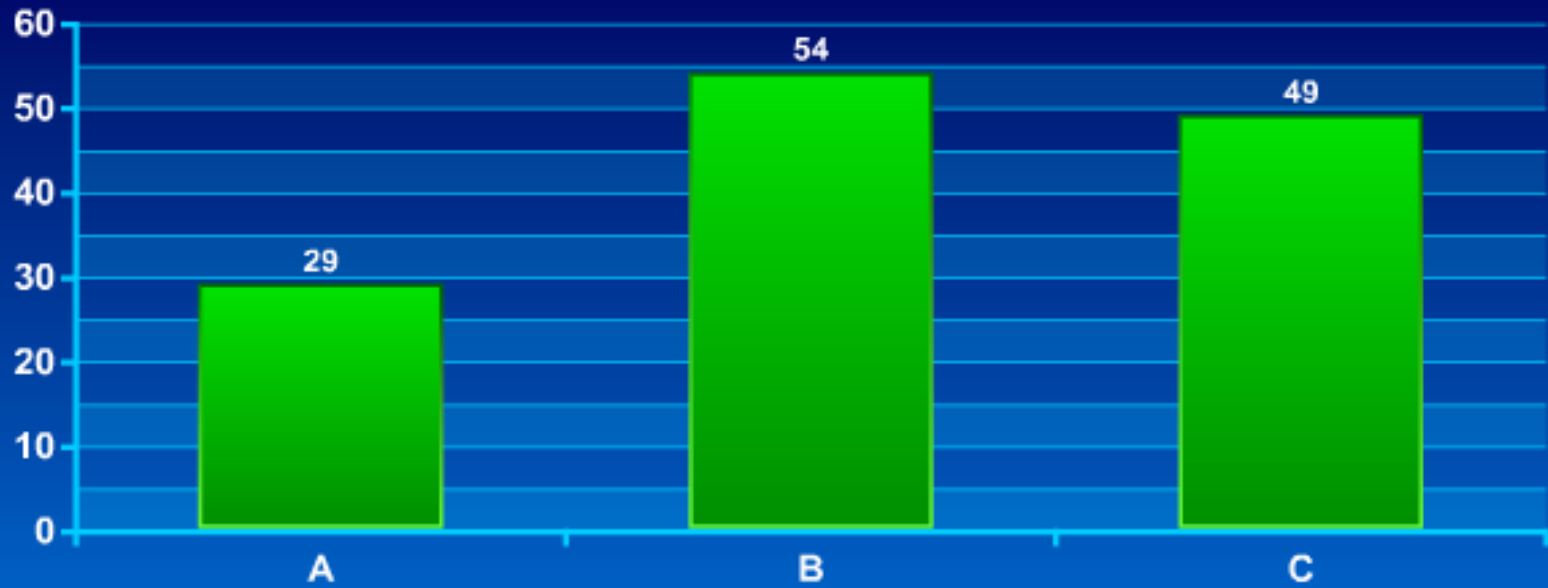
Total responses = 106

62.3% Experienced Dizziness

37.7% did not

Question 24

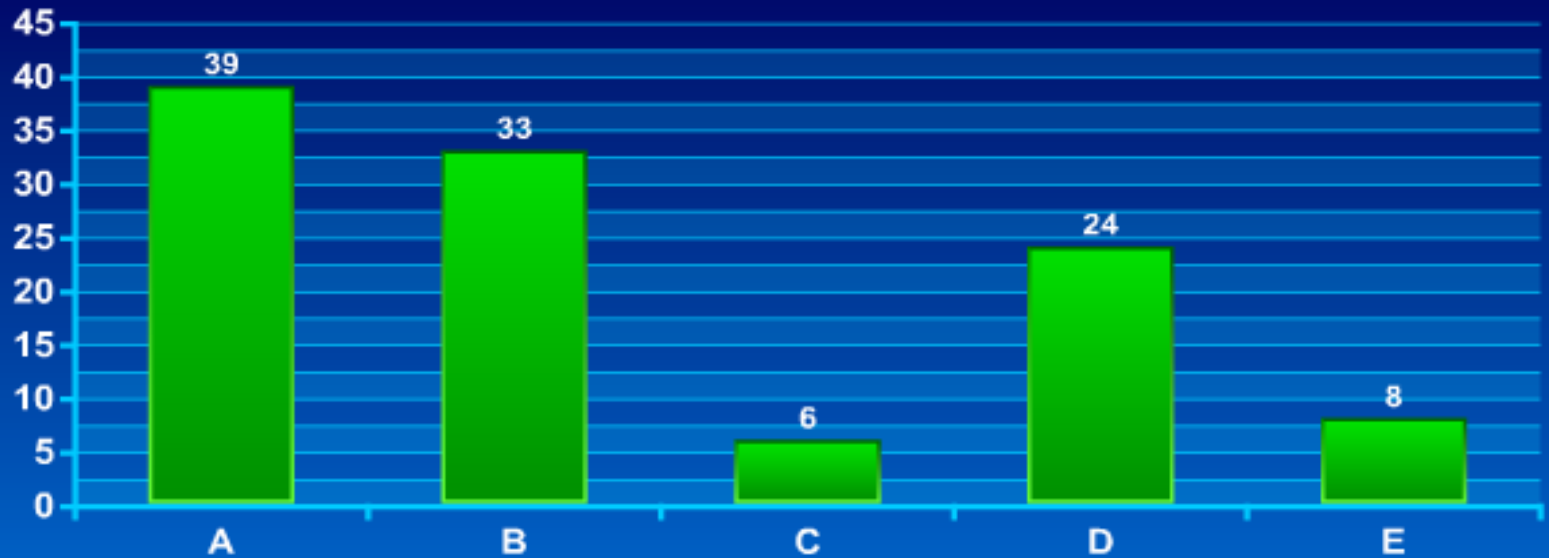
Did you experience ear problems?



- A) Pain
- B) Fullness
- C) Tinnitus

Question 25

Did you experience Vision Problems?



A) Objects appear to be moving

B) Blurred vision

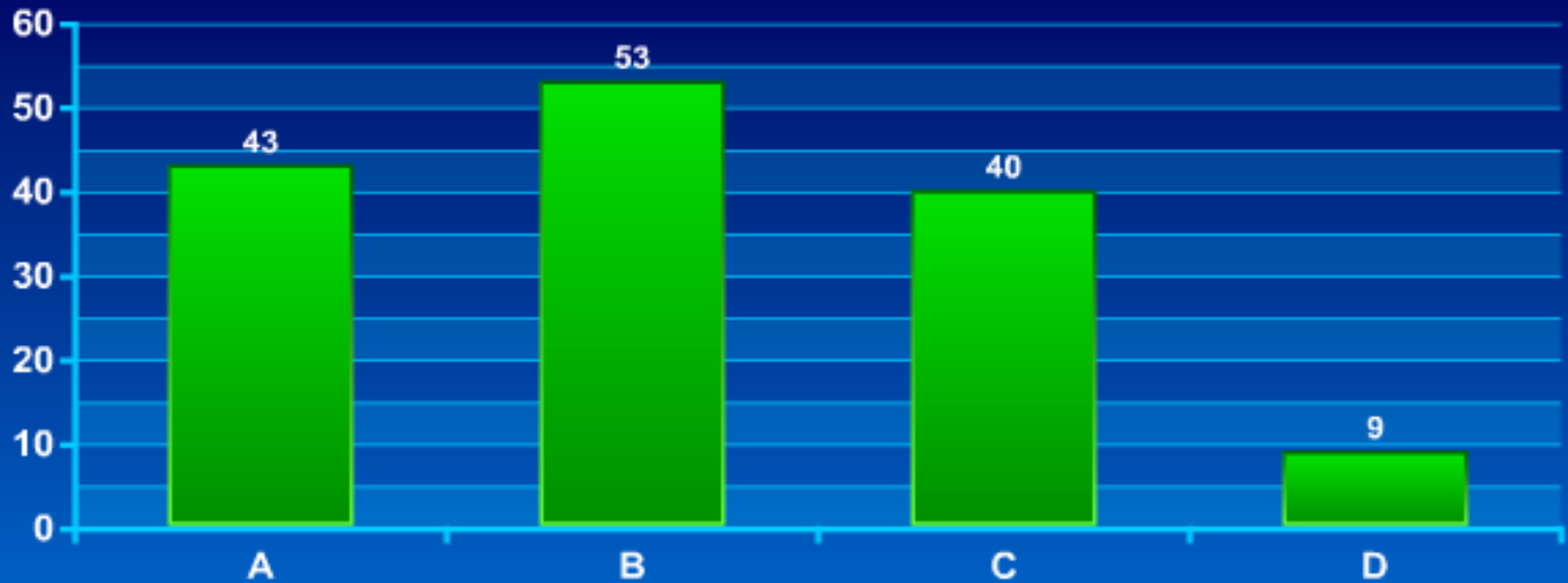
C) Double vision

D) Nystagmus (confirmed by a doctor or through testing)

E) Other

Question 26

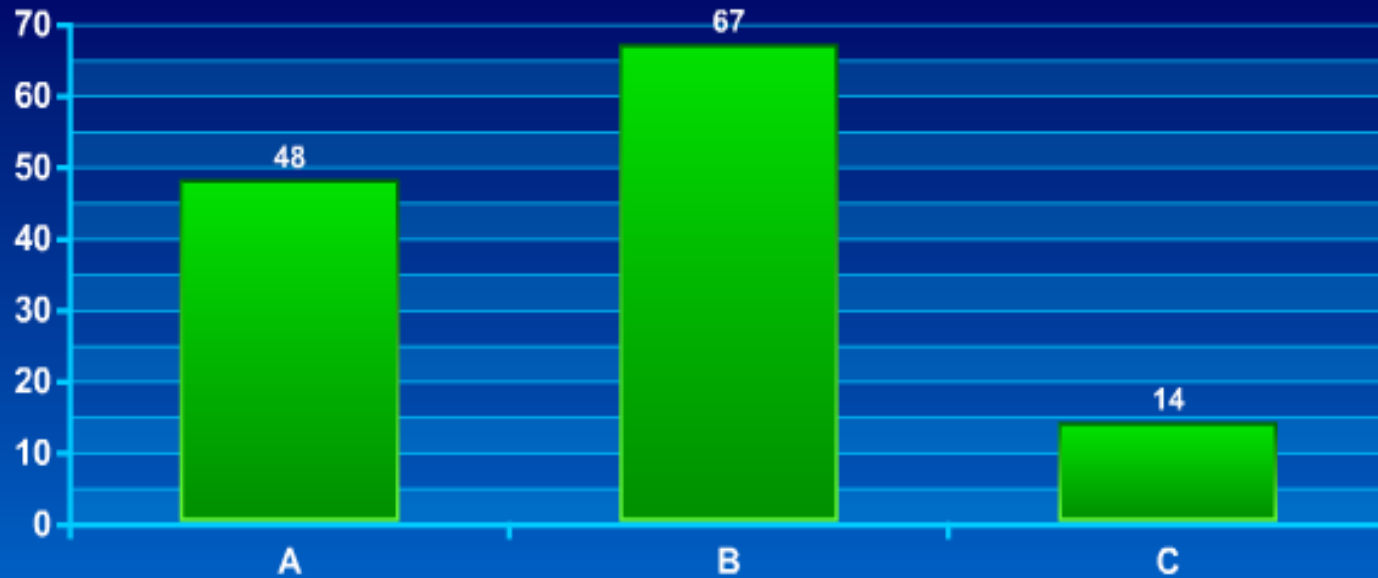
Did you experience heaviness of the: (choose all that apply)



- A) Legs
- B) Head
- C) Body
- D) Other

Question 27

Did you experience Gravitational forces:



A) Inside your skull

B) Pulling your body in one direction

C) Other

Question 28

Did you experience any of the following: (Choose all that apply)



- A) Nausea
- B) Body Tremors
- C) Dysphagia
- D) Aphasia
- E) True Spinning Vertigo
- F) Titubation (visible head bobble)
- G) Other