ORTHOSTATIC INTOLERANCE QUIZ

(Orthostatic symptoms include worsening dizziness, fatigue, racing heart or brain fog when standing.)

Circle 0-4 below as best applies to you.

A. Frequency of orthostatic symptoms:

0. I never or rarely experience orthostatic symptoms when I stand up.
1. I sometimes experience orthostatic symptoms when I stand up.
2. I often experience orthostatic symptoms when I stand up.
3. I usually experience orthostatic symptoms when I stand up.
4. I always experience orthostatic symptoms when I stand up.

B. Severity of orthostatic symptoms:

0. I do not experience orthostatic symptoms when I stand up.
1. I experience mild orthostatic symptoms when I stand up.
2. I experience moderate orthostatic symptoms when I stand up and sometimes have to sit back down for relief.
3. I experience severe orthostatic symptoms when I stand up and frequently have to sit back down for relief.
4. I experience severe orthostatic symptoms when I stand up and regularly faint if I do not sit back down.

C. Conditions under which orthostatic symptoms occur:

0. I never or rarely experience orthostatic symptoms under any circumstances.
1. I sometimes experience orthostatic symptoms under certain conditions, such as prolonged standing, a meal, exertion (e.g., walking), or when exposed to heat (e.g., hot day, hot bath, hot shower).
2. I often experience orthostatic symptoms under certain conditions, such as prolonged standing, a meal, exertion (e.g., walking), or when exposed to heat (e.g., hot day, hot bath, hot shower).
3. I usually experience orthostatic symptoms under certain conditions, such as prolonged standing, a meal, exertion (e.g., walking), or when exposed to heat (e.g., hot day, hot bath, hot shower).
4. I always experience orthostatic symptoms when I stand up; the specific conditions do not matter.
D. Activities of daily living:

0. My orthostatic symptoms do not interfere with activities of daily living (e.g., work, chores, dressing, bathing).
1. My orthostatic symptoms mildly interfere with activities of daily living (e.g., work, chores, dressing, bathing).
2. My orthostatic symptoms moderately interfere with activities of daily living (e.g., work, chores, dressing, bathing).
3. My orthostatic symptoms severely interfere with activities of daily living (e.g., work, chores, dressing, bathing).
4. My orthostatic symptoms severely interfere with activities of daily living (e.g., work, chores, dressing, bathing). I am bed or wheelchair bound because of my symptoms.

E. Standing time:

0. On most occasions, I can stand as long as necessary without experiencing orthostatic symptoms.
1. On most occasions, I can stand more than 15 minutes before experiencing orthostatic symptoms.
2. On most occasions, I can stand 5-14 minutes before experiencing orthostatic symptoms.
3. On most occasions, I can stand 1-4 minutes before experiencing orthostatic symptoms.
4. On most occasions, I can stand less than 1 minute before experiencing orthostatic symptoms.

_____Total Score

Scores of 9 or higher suggest Orthostatic Intolerance.

For in depth information on OI, see