Bateman Horne Center of Excellence
24 S. 1100 E. Suite 205
Salt Lake City, Utah 84102

Orthostatic Intolerance* Questionnaire (OIQ)
Orthostatic Intolerance* Daily Activities Scale (OIDAS)

We are interested in how orthostatic intolerance symptoms might affect your daily life. Please rate each item by checking the number that best represents how much the activity has been interfered with ***on the average*** over the past week by the orthostatic intolerance symptoms you experienced.

If you cannot do the activity for reasons other than ME/CFS or orthostatic intolerance, please check the box at the right.

1. Standing short time

No interference ☐ 0	1	2	3	4	5	6	7	8	9	10 Complete Interference ☐	Cannot do for other reasons ☐

2. Standing long time

No interference ☐ 0	1	2	3	4	5	6	7	8	9	10 Complete Interference ☐	Cannot do for other reasons ☐

3. Walking short time

No interference ☐ 0	1	2	3	4	5	6	7	8	9	10 Complete Interference ☐	Cannot do for other reasons ☐

4. Walking long time

No interference ☐ 0	1	2	3	4	5	6	7	8	9	10 Complete Interference ☐	Cannot do for other reasons ☐

*We have substituted the word “intolerance” for “hypotension” in this questionnaire

OIDAS + OISA= OIQ

The Orthostatic Hypotension Questionnaire (OHQ): validation of a novel symptom assessment scale.
Kaufmann H1, Malamut R, Norcliffe-Kaufmann L, Rosa K, Freeman R Clin Auton Res. 2012 Apr;22(2):79-90. doi: 10.1007/s10286-011-0146-2. Epub 2011 Nov 2.

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Orthostatic Intolerance* Questionnaire (OIQ)
Orthostatic Intolerance* Symptom Assessment (OHSA)

Please check the number on the scale that best rates how severe your symptoms from ME/CFS or orthostatic intolerance have been ***on the average*** over the past week. Please respond to every symptom. If you do not experience the symptom, circle zero (0).

1. Dizziness, lightheadedness, feeling faint, or feeling like you might blackout.

NONE 0 ☐	1	2	3	4	5	6	7	8	9	10 WORST POSSIBLE ☐

2. Problems with vision (blurring, seeing spots, tunnel vision, etc.)

NONE 0 ☐	1	2	3	4	5	6	7	8	9	10 WORST POSSIBLE ☐

3. Weakness

NONE 0 ☐	1	2	3	4	5	6	7	8	9	10 WORST POSSIBLE ☐

4. Fatigue

NONE 0 ☐	1	2	3	4	5	6	7	8	9	10 WORST POSSIBLE ☐

5. Trouble concentrating.

NONE 0 ☐	1	2	3	4	5	6	7	8	9	10 WORST POSSIBLE ☐

6. Head/neck discomfort

NONE 0 ☐	1	2	3	4	5	6	7	8	9	10 WORST POSSIBLE ☐

*We have substituted the word “intolerance” for “hypotension” for the use of this questionnaire

OIDAS + OISA= OIQ

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