

ORTHOSTATIC INTOLERANCE QUIZ

Self-report Orthostatic Grading Scale, *Mayo Clin Proc.* 2005;80(3):330-334

(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

<http://www.dysautonomiainternational.org/pdf/RoweOISummary.pdf>