Appendix A

Perceived Outcome Scale (POS)

Participant Number_____Date_____

Circle the statement below the question that BEST represents how you feel now as compared to before the study began. If you are better, circle either strongly agree or agree, if you think you have not made a change, then circle NEUTRAL, and if you think you are worse circle disagree or strongly disagree.

1. The treatments I have received have decreased my dizziness symptoms.

   Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

2. The treatments I have received have improved my balance.

   Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

3. Since participating in this study, I am better able to perform everyday activities without increasing my dizziness or losing my balance.

   Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

4. Overall, participating in this study has resulted in an important improvement in my life.

   Strongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**