PERSONAL INFORMATION FORM

- Your gender?

  A) Female B) Male C) I prefer not to say

- Your age: ----------

- Do you have any chronic conditions?

  A) Yes B) No

- If your answer is yes, please check below.

  A) Hypertension C) Heart Disease E) Parkinson's Disease

  B) Diabetes D) Kidney Disease F) Other ……..

- How long have you had your current chronic disease?

  A) 1-5 years B) 5-10 years C) 10-20 years D) 20 years and over

- Do you take any medications regularly?

  A) Yes B) No

- If the answer to the above question is yes, which drug groups are you using?

  A) Antihypertensive C) Heart medications E) Parkinson's medications
  B) Antidiabetic D) Kidney medications F) Other ……

- Do you experience dizziness, blurred vision, fainting sensation, vertigo, etc. within 3-5 minutes when transitioning from a lying/sitting position to a standing position?

  A) No B) Yes

  Dizziness…….. Blurred vision……
  Feeling faint…….. Vertigo…… Difficulty breathing……..
  Other ……

  When do you most often experience this situation/these situations? (e.g., in the morning, after meals...)

  Before breakfast in the morning ……
  After meals …….
  Other …….

- Do these symptoms go away when you sit or lie down?

  A) Yes B) No

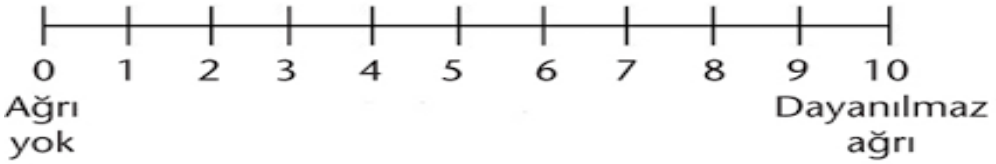
- Do you experience cramping or weakness in your legs when standing?

  A) Yes B) No

- Do you feel pain when standing?

  A) Yes B) No

- If yes; On a scale of 0-10, how would you rate your pain? Mark your answer on the diagram below.



Blood pressure measurements will be taken by the nurse and the values will be recorded in the table below.

SBP in supine/sitting position		SBP at 1 minute in standing position		SBP at 3 minutes in standing position	
DBP in supine/sitting position		DBP at 1 minute in standing position		DBP at 3 minutes in standing position	
SBP: Systolic Blood Pressure		DBP: Diastolic Blood			

Fluid Status (It will be evaluated by the researcher)

	Fluid intake (ml)	Fluid output (ml)	Input-output balance (ml)
Time			

Body mass index (BMI): -------- (It will be calculated later by the researcher.)

Height:---------- (Please indicate your height)

Weight:---------- (Your weight will be assessed by the researcher)