

VRBQ: Psychometric Properties

The Vestibular Rehabilitation Benefit Questionnaire was developed and validated using a data-driven approach. Questionnaire items were developed from qualitative analysis of interviews with individuals undergoing vestibular rehabilitation and consequently address the aspects of dizziness symptoms and impact described by patients. The subscale structure was identified through factor analysis of patient responses to a prototype questionnaire and the final VRBQ was validated against a battery of established questionnaires in a longitudinal study.

The construct validity of the VRBQ has been verified in relation to the Dizziness Handicap Inventory, the Vertigo Symptom Scale and SF-36. The subscales of the VRBQ show excellent internal consistency and test-retest reliability. A preliminary investigation indicates that the subscales of the VRBQ are more responsive to change than the corresponding subscales of the DHI and VSS.

		Clinically meaningful change [†]
Summary scores	Total	7%
	Quality of life	9%
	Symptoms	6%
Symptom subscales	Dizziness	9%
	Anxiety	5%
	Motion-provoked dizziness	13%

[†]Minimum clinically meaningful change is based on 2SD of the mean score change on repetition over 24 hours (95% confidence)

For more details please refer to publications describing the development and validation of the VRBQ.

Visit <http://www.isvr.soton.ac.uk/audiology/vrbq.htm> to download files related to the VRBQ.

References

1. Morris, A., Lutman, M., and Yardley, L. 2008. Measuring Outcome from Vestibular Rehabilitation, Part I: Qualitative development of a new self-report measure. *International Journal of Audiology*, 47:169-77.
2. Morris, A., Lutman, M., and Yardley, L. 2009. Measuring Outcome from Vestibular Rehabilitation, Part II: Refinement and validation of a new self-report measure. *International Journal of Audiology*, 48: 24-37.