

Vestibular Rehabilitation Benefit Questionnaire

Scoring template

(for manual scoring photocopy template onto transparency and place over completed questionnaire)

Part A – your symptoms							Scores (office use)
This section is about how often you experience different feelings.							
1. I feel dizzy							
6	5	4	3	2	1	0	D
2. I get a feeling of tingling, prickling or numbness in my body							
6	5	4	3	2	1	0	A
3. I have a feeling that things are spinning or moving around							
6	5	4	3	2	1	0	D
4. I feel as though my heart is pounding or fluttering							
6	5	4	3	2	1	0	A
5. I feel unsteady, as though I may lose my balance							
6	5	4	3	2	1	0	D
6. I have difficulty breathing or feel short of breath							
6	5	4	3	2	1	0	A
This section is about how dizzy you get when you move around. Please do not circle 'not at all dizzy' if you avoid making the movement - either try the movement or talk to your balance therapist before answering.							
7. Bending over makes me feel							
0	1	2	3	4	5	6	M
8. Lying down and/or turning over in bed makes me feel							
0	1	2	3	4	5	6	M
9. Looking up at the sky makes me feel							
0	1	2	3	4	5	6	M
10. Moving my head <u>slowly</u> from side to side makes me feel							
0	1	2	3	4	5	6	M
11. Moving my head <u>quickly</u> from side to side makes me feel							
0	1	2	3	4	5	6	M

Part B – how the dizziness is affecting you

Please read each question carefully - some of the statements are phrased to suggest that you have difficulty (for example, 'I have trouble focusing my eyes') and some are phrased to suggest you do not have difficulty (for example, 'I feel comfortable travelling').

If a question does not apply to you, please circle 'same as before' rather than leaving it out.

Scores
(office use)

12. Compared to before the dizziness, I feel comfortable travelling	-6	-4	-2	0	2	4	6	Q
13. Compared to before the dizziness, I feel confident	-6	-4	-2	0	2	4	6	Q
14. Compared to before the dizziness, I have difficulty looking after myself (for example, washing my hair, cleaning my teeth, dressing myself, etc)	6	4	2	0	-2	-4	-6	14. reverse scoring Q
15. Compared to before the dizziness, I feel comfortable going out alone	-6	-4	-2	0	2	4	6	Q
16. Compared to before the dizziness, I can concentrate and/or remember things	-6	-4	-2	0	2	4	6	Q
17. Compared to before the dizziness, I need to hold on to something for support	6	4	-2	0	-2	-4	-6	17. reverse scoring Q
18. Compared to before the dizziness, I think my quality of life is good	-6	-4	-2	0	2	4	6	Q
19. Compared to before the dizziness, I avoid some activities, positions or situations	6	4	-2	0	-2	-4	-6	19. reverse scoring Q
20. Compared to before the dizziness, I am happy to be on my own	-6	-4	-2	0	2	4	6	Q
21. Compared to before the dizziness, I feel stable in the dark or when my eyes are closed	-6	-4	-2	0	2	4	6	Q
22. Compared to before the dizziness, I take part in social activities	-6	-4	-2	0	2	4	6	Q

Summary scores	Raw score	% deficit [†]
Symptoms Sum scores in boxes labelled D, A and M	(0 to 66)	raw x 1.52 =
Quality of Life Sum scores in boxes labelled Q	(0 to 66) [‡]	raw x 1.52 =
Total Sum Quality of Life and Symptom scores	(0 to 132)	raw x 0.76 =

Symptom subscales	Raw score	% deficit [†]
Dizziness Sum scores in boxes labelled D	(0 to 18)	raw x 5.56 =
Anxiety Sum scores in boxes labelled A	(0 to 18)	raw x 5.56 =
Motion-provoked dizziness Sum scores in boxes labelled M	(0 to 30)	raw x 3.34 =

[†] The percentage deficit quantifies the discrepancy between the respondent's state at the time of completing the questionnaire and their normal state. A deficit of 0% means no discrepancy is registered by the questionnaire; 100% is the maximum discrepancy the questionnaire can reflect.

[‡] If the Quality of Life raw score is less than 0, raise to 0.