

Vestibular Rehabilitation Benefit Questionnaire

This questionnaire asks about your **dizziness** on a **typical day** in the last week - please do not include problems that you think are caused by another condition.

Please answer **all** of the questions by circling **one** of the answer options.

Part A – your symptoms							Scores (office use)
This section is about how often you experience different feelings.							
1. I feel dizzy							
all of the time	very often	quite often	sometimes	not very often	only very occasionally	never	D
2. I get a feeling of tingling, prickling or numbness in my body							
all of the time	very often	quite often	sometimes	not very often	only very occasionally	never	A
3. I have a feeling that things are spinning or moving around							
all of the time	very often	quite often	sometimes	not very often	only very occasionally	never	D
4. I feel as though my heart is pounding or fluttering							
all of the time	very often	quite often	sometimes	not very often	only very occasionally	never	A
5. I feel unsteady, as though I may lose my balance							
all of the time	very often	quite often	sometimes	not very often	only very occasionally	never	D
6. I have difficulty breathing or feel short of breath							
all of the time	very often	quite often	sometimes	not very often	only very occasionally	never	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							
not at all dizzy	very slightly dizzy	mildly dizzy	moderately dizzy	really quite dizzy	very dizzy	extremely dizzy	M
8. Lying down and/or turning over in bed makes me feel							
not at all dizzy	very slightly dizzy	mildly dizzy	moderately dizzy	really quite dizzy	very dizzy	extremely dizzy	M
9. Looking up at the sky makes me feel							
not at all dizzy	very slightly dizzy	mildly dizzy	moderately dizzy	really quite dizzy	very dizzy	extremely dizzy	M
10. Moving my head <u>slowly</u> from side to side makes me feel							
not at all dizzy	very slightly dizzy	mildly dizzy	moderately dizzy	really quite dizzy	very dizzy	extremely dizzy	M
11. Moving my head <u>quickly</u> from side to side makes me feel							
not at all dizzy	very slightly dizzy	mildly dizzy	moderately dizzy	really quite dizzy	very dizzy	extremely dizzy	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

a lot more quite a bit more a little bit more same as before a little bit less quite a bit less a lot less

Q

13. Compared to before the dizziness, I feel confident

a lot more quite a bit more a little bit more same as before a little bit less quite a bit less a lot less

Q

14. Compared to before the dizziness, I have difficulty looking after myself (for example, washing my hair, cleaning my teeth, dressing myself, etc)

a lot more quite a bit more a little bit more same as before a little bit less quite a bit less a lot less

14. reverse
scoring

Q

15. Compared to before the dizziness, I feel comfortable going out alone

a lot more quite a bit more a little bit more same as before a little bit less quite a bit less a lot less

Q

16. Compared to before the dizziness, I can concentrate and/or remember things

a lot more quite a bit more a little bit more same as before a little bit less quite a bit less a lot less

Q

17. Compared to before the dizziness, I need to hold on to something for support

a lot more quite a bit more a little bit more same as before a little bit less quite a bit less a lot less

17. reverse
scoring

Q

18. Compared to before the dizziness, I think my quality of life is good

a lot more quite a bit more a little bit more same as before a little bit less quite a bit less a lot less

Q

19. Compared to before the dizziness, I avoid some activities, positions or situations

a lot more quite a bit more a little bit more same as before a little bit less quite a bit less a lot less

19. reverse
scoring

Q

20. Compared to before the dizziness, I am happy to be on my own

a lot more quite a bit more a little bit more same as before a little bit less quite a bit less a lot less

Q

21. Compared to before the dizziness, I feel stable in the dark or when my eyes are closed

a lot more quite a bit more a little bit more same as before a little bit less quite a bit less a lot less

Q

22. Compared to before the dizziness, I take part in social activities

a lot more quite a bit more a little bit more same as before a little bit less quite a bit less a lot less

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.