VERTIGO HANDICAP QUESTIONNAIRE

The statements below describe ways in which vertigo can affect peoples' lives. (Throughout the questionnaire the word "vertigo" is used to describe the feelings which you may call dizziness, giddiness or unsteadiness). We would like you to indicate whether vertigo has affected you life in any of these ways by circling a number between 0 and 4. The response categories are:

0	1	2	3	4
never	occasionally	sometimes	often	always

Please read each statement and then circle a number to indicate how much of the time (if at all) vertigo affects your life in the way at present.

1	I find that the vertigo does restrict me socially	(Never)	0	1	2	3	4	(Always)
2*	I can still take part in active leisure pursuits (e.g. swimming, dancing, sports)	(Never)	0	1	2	3	4	(Always)
3	Some of my friends or relations get impatient because of the vertigo	(Never)	0	1	2	3	4	(Always)
4*	I can move around quickly and freely	(Never)	0	1	2	3	4	(Always)
5	I feel less confident than I used to	(Never)			2			(Always)
6	I am happy to go out alone	(Never)	0	1	2	3	4	(Always)
7	My vertigo means that my family life is	(Never)	0	1	2	3	4	(Always)
	restricted							
8	I find some of my less active hobbies	(Never)	0	1	2	3	4	(Always)
	difficult (e.g. sewing, reading)							
9*	I am still able to travel despite the vertigo	(Never)	0	1	2	3	4	(Always)
10	0 I try to avoid bending over		0	1	2	3	4	(Always)
11*	* My family takes the vertigo in its stride		0	1	2	3	4	(Always)
12	My friends are unsure how to react and	(Never)	0	1	2	3	4	(Always)
	do not really understand							
13	I think that there may be something	(Never)	0	1	2	3	4	(Always)
	seriously wrong with me							
14*	People are understanding about the	(Never)	0	1	2	3	4	(Always)
	problems that the vertigo causes							
15	I get anxious in case I have an	(Never)	0	1	2	3	4	(Always)
	unexpected attack of vertigo							
16*	During an attack of vertigo I can carry on	(Never)	0	1	2	3	4	(Always)
	with whatever I am doing							
17	I find the attacks frightening	(Never)	0	1	2	3	4	(Always)

18*	I am able to walk long distances	(Never)	0	1	2	3	4	(Always)
19	The vertigo worries me	(Never)	0	1	2	3	4	(Always)
20	I avoid making plans in advance in case I	(Never)	0	1	2	3	4	(Always)
	cannot get there on the day							
21*	I find I can carry out everyday activities	(Never)	0	1	2	3	4	(Always)
	without difficulty e.g. shopping,							
	gardening, jobs around the house)							
22	I am afraid of spoiling things for others	(Never)	0	1	2	3	4	(Always)
23	I get rather depressed because of the	(Never)	0	1	2	3	4	(Always)
	vertigo							
24*	During an attack of vertigo, if I just sit	(Never)	0	1	2	3	4	(Always)
	down I am fine							
25	If I have an attack of vertigo in public I	(Never)	0	1	2	3	4	(Always)
	get embarrassed							
26	Are you currently employed? (Please		Yes	5				No
	tick)							
	If you answered "Yes" to question 26							
	please answer question b) and c) only							
	If you answered "No" to question 26							
	please answer question a) only							
a)	Did you give up work because of vertigo?		Yes					No
b)	Have you changed the kind of work you		Yes					No
	do because of vertigo?							
c)	Does vertigo cause you any difficulties at		Yes					No
	work?							

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