

Vertigo Symptom Scale

Please circle the appropriate number to indicate about how many times you have experienced each of the symptoms listed below *during the past 12 months* (or since the vertigo started, if you have had vertigo for less than one year).

The range of responses are:

0	1	2	3	4
Never	A few times (1-3 times a year)	Several times (4-12 times a year)	Quite often (on average, more than once a month)	Very often (on average, more than once a week)

How often **in the past 12 months** have you had the following symptoms:

1. A feeling that things are spinning or moving around, lasting:
(PLEASE ANSWER ALL THE CATEGORIES)

(a) less than 2 minutes	0	1	2	3	4
(b) up to 20 minutes	0	1	2	3	4
(c) 20 minutes to 1 hour	0	1	2	3	4
(d) several hours	0	1	2	3	4
(e) more than 12 hours	0	1	2	3	4

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|---------------------------------------|---|---|---|---|---|
| 2. Pains in the heart or chest region | 0 | 1 | 2 | 3 | 4 |
| 3. Hot or cold spells | 0 | 1 | 2 | 3 | 4 |

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0	1	2	3	4
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4.	Unsteadiness so severe that you actually fall	0	1	2	3	4
5.	Nausea (feeling sick), stomach churning	0	1	2	3	4
6.	Tension / soreness in your muscles	0	1	2	3	4
7.	A feeling of being light-headed, "swimmy" or giddy, lasting: (PLEASE ANSWER ALL THE CATEGORIES)					
	(a) less than 2 minutes	0	1	2	3	4
	(b) up to 20 minutes	0	1	2	3	4
	(c) 20 minutes to 1 hour	0	1	2	3	4
	(d) several hours	0	1	2	3	4
	(e) more than 12 hours	0	1	2	3	4
8.	Trembling, shivering	0	1	2	3	4
9.	Feeling of pressure in the ear(s)	0	1	2	3	4

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10.	Heart pounding or fluttering	0	1	2	3	4
11.	Vomiting	0	1	2	3	4
12.	Heavy feeling in arms or legs	0	1	2	3	4
13.	Visual disturbances (e.g. blurring, flickering, spots before the eyes)	0	1	2	3	4
14.	Headache or feeling of pressure in the head	0	1	2	3	4
15.	Unable to stand or walk properly without support	0	1	2	3	4
16.	Difficulty breathing, short of breath	0	1	2	3	4
17.	Loss of concentration or memory	0	1	2	3	4