

The Pediatric Vestibular Symptom Questionnaire (PVSQ)

The following questions ask about how often you feel dizziness and unsteadiness. Please circle the best answer for you. How often in the past month have you felt the following?

1. A feeling that things are spinning or moving around

3	2	3	4	?
Most of the time	Sometimes	Almost Never	Never	Don't Know

2. Unsteadiness so bad that you actually fall

3	2	3	4	?
Most of the time	Sometimes	Almost Never	Never	Don't Know

3. Feeling sick

3	2	3	4	?
Most of the time	Sometimes	Almost Never	Never	Don't Know

4. A light-headed or swimmy feeling in the head

3	2	3	4	?
Most of the time	Sometimes	Almost Never	Never	Don't Know

5. Feeling of pressure in the ear(s)

3	2	3	4	?
Most of the time	Sometimes	Almost Never	Never	Don't Know

6. Blurry vision, difficulty seeing things clearly, and/or spots before the eyes

3	2	3	4	?
Most of the time	Sometimes	Almost Never	Never	Don't Know

7. Headache or feeling of pressure in the head

3	2	3	4	?
Most of the time	Sometimes	Almost Never	Never	Don't Know

8. Unable to stand or walk without holding on to something or someone

3	2	3	4	?
Most of the time	Sometimes	Almost Never	Never	Don't Know

9. Feeling unsteady, about to lose balance

3	2	3	4	?
Most of the time	Sometimes	Almost Never	Never	Don't Know

10. A fuzzy or cotton wool feeling in the head

3	2	3	4	?
Most of the time	Sometimes	Almost Never	Never	Don't Know

11. Do any of these symptoms stop you from doing what you want to do?

If yes, which ones?.....

We would first like to ask a few questions about you.

1. Do you have migraines? Yes/No/Don't know
2. Do you often have dizzy spells? Yes/No
3. Do you often have terrible stomach aches? Yes/No
4. Do you often vomit? Yes/No
5. Do you have fits or faints? Yes/No
6. Do you have a feeling of spinning lasting less than 2minutes when you bend over or look up quickly or turn over in bed? Yes /No