

**Questionnaire on chronic dizziness symptoms**  
**The Niigata PPPD Questionnaire Revised (NPQ-R, 19 items)**

**Original:** Universität Niigata, HNO-Abteilung: Yagi, C., Y. Morita, M. Kitazawa, Y. Nonomura, T. Yamagishi, S. Ohshima, S. Izumi, K. Takahashi and A. Horii (2019). "A Validated Questionnaire to Assess the Severity of Persistent Postural-Perceptual Dizziness (PPPD): The Niigata PPPD Questionnaire (NPQ)." *Otol Neurotol* **40**(7): e747-e752.

**Name / Number Patient:** ..... **Date:** .....

This questionnaire is designed to help you better understand your dizziness / lightheadedness symptoms. Please rate the severity of your discomfort using the questions below on a 7-point scale from 0 to 6. Please circle the applicable answer.

If you completely avoid the actions mentioned in a question so as not to increase your discomfort, please circle the number 6 ("unbearable").

If your complaints are not always the same, please evaluate them based on the most severe occurrence during the last 7 days.

**This questionnaire has four pages.**

**Example 1:**

I have no complaints ..... Is it unbearable.  
 0      1      **2**      3      4      5      6

**Example 2:**

Does not apply at all ..... Fully applies.  
 0      1      2      **3**      4      5      6

1. When I stand up quickly, turn around quickly, or in similar movements, then

I have no complaints ..... Is it unbearable.  
 0      1      2      3      4      5      6

2. When I look through shelves in the supermarket or hardware store, then

I have no complaints ..... Is it unbearable.  
 0      1      2      3      4      5      6

**Please continue on page 2 ➔**

3. When I have dizziness, I have trouble concentrating.

Does not apply at all

Fully applies.

0 1 2 3 4 5 6

4. When I walk at my own pace, then

I have no complaints

Is it unbearable.

0 1 2 3 4 5 6

5. When I have dizziness, I feel scared or anxious.

Does not apply at all

Fully applies.

0 1 2 3 4 5 6

6. When I see fast/hectic images in movies or on TV, then

I have no complaints

Is it unbearable.

0 1 2 3 4 5 6

7. When I give myself a break or rest, then

I have no complaints

Is it unbearable.

0 1 2 3 4 5 6

8. When I travel by car, bus, train or other means of transport, then

I have no complaints

Is it unbearable.

0 1 2 3 4 5 6

9. When I walk, I feel insecure.

Does not apply at all

Fully applies.

0 1 2 3 4 5 6

10. When I am in an unsettled environment (e.g., crowd, traffic), then

I have no complaints

Is it unbearable.

0 1 2 3 4 5 6

**Please continue on page 3 →**

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Translation of the original by Reha Rheinfelden, Switzerland

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11. If I sit for a longer period of time on a stool or a chair without back or armrests, then  
I have no complaints

0 1 2 3 4 5 6

Is it unbearable.

12. If I stand freely for a longer period of time without holding on or leaning up, then  
I have no complaints

0 1 2 3 4 5 6

Is it unbearable.

13. When I scroll through the screen contents on a PC or smartphone, then  
I have no complaints

0 1 2 3 4 5 6

Is it unbearable.

14. If I distract myself e.g., by an activity or direct my thoughts on something else, then  
I have no complaints

0 1 2 3 4 5 6

Is it unbearable.

15. When I am doing household chores or light sports, then  
I have no complaints

0 1 2 3 4 5 6

Is it unbearable.

16. When I read small print in books or the newspaper, then  
I have no complaints

0 1 2 3 4 5 6

Is it unbearable.

17. When I have dizziness, my performance is limited (e.g., at work, with childcare, with domestic activities).

Does not apply at all

0 1 2 3 4 5 6

Fully applies.

**Please continue on page 4 →**

18. When I walk with big steps and rather fast, then  
I have no complaints 0 1 2 3 4 5 6 Is it unbearable.

19. When I use escalators or an elevator, then  
I have no complaints 0 1 2 3 4 5 6 Is it unbearable.

**Thank you very much for your cooperation.**

**Please do not enter anything here.**

Upright posture / Standing (= Items 4+11+12+18)	Points
While moving (= Items 1+8+15+19)	Points
Visual (= Items 2+6+13+16)	Points
<b>Associated symptoms (= Items 3+5+9+17)</b>	Points
<b>Symptom behaviour (= Items 7+10+14)</b>	Points
Total	Points