

Introducing the DizzyQuest: An app-based diary for vestibular disorders

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1.1 Morning Questionnaire

Question	Scoring system	Answer options
How long did it take before I fell asleep last night	Multiple choice option	<ol style="list-style-type: none"> 1. 0-5 min 2. 5-15 min 3. 15-30 min 4. 30-45 min 5. 45m-1 hour 6. 1-2 hour 7. 2-4 hours 8. More than 4 hours
How long did I sleep?	Multiple choice option	<ol style="list-style-type: none"> 1. <3 hours 2. 3-5 hours 3. 5-8 hours 4. >8 hours
How often did I wake up last night	Multiple choice option	<ol style="list-style-type: none"> 1. 0 2. 1 3. 2 4. 3 5. 4 6. 5 7. More than 5 times
How long did I lie awake this morning before getting up	Multiple choice option	<ol style="list-style-type: none"> 1. 0-5min 2. 5-15min 3. 15-30min 4. 30-45min 5. 45m-1hour 6. 1-2hours 7. 2-4hours 8. More than 4 hours
I slept well	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I feel rested	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I am looking forward to today	Likert scale	1 = Not at all 4 = Moderate 7 = Very

1.2 Within-Day Questionnaire

Question	Scoring system	Answer options
I feel relaxed	Likert scale	1 = Not at all 4 = Moderate 7 = Very

I feel cheerful	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I feel irritated	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I feel confident	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I'm worrying about things	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I feel anxious	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I feel tired	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I generally feel well at the moment	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I am able to concentrate well	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I feel in control	Likert scale	1 = Not at all 4 = Moderate 7 = Very
What am I doing (just before the beep)?	Multiple choice option (maximum 3 options)	<ol style="list-style-type: none"> 1. Resting 2. Work, school 3. Housekeeping, shopping 4. Hygiene 5. Eating, drinking 6. Active relaxation 7. Passive relaxation 8. Something else
I feel I'm being active	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I can do this well	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I'd rather be doing something else	Likert scale	1 = Not at all 4 = Moderate 7 = Very
Where am I?	Multiple choice option	<ol style="list-style-type: none"> 1) At home 2) At someone's home 3) Work, school 4) Public place 5) Transport 6) Somewhere else

Who am I with?	Multiple choice option (maximum 3 options)	<ol style="list-style-type: none"> 1. Partner 2. Family resident 3. Family non resident 4. Friends 5. Colleagues 6. Acquaintances 7. Strangers, others 8. Nobody
I like this (social situation)	Likert scale	<p>1 = Not at all</p> <p>4 = Moderate</p> <p>7 = Very</p>
I have an attack at this moment	Multiple choice option	<p>1= yes</p> <p>2 = no</p>
Since the last beep I have had an attack	Multiple choice option	<p>1 = yes</p> <p>2 = no</p>
Since the last beep I have used	Multiple choice option (maximum 7 options)	<ol style="list-style-type: none"> 1. Caffeine 2. Nicotine 3. Alcohol 4. Medication 5. Tea 6. Chocolate 7. Other substance 8. Nothing of these
I now suffer from	Multiple choice option (maximum 13 options)	<ol style="list-style-type: none"> 1. Dizziness 2. Nausea 3. Imbalance 4. Hearing loss 5. Tinnitus 6. Aural fullness 7. Headache 8. Sensitive to light 9. Sensitive to sounds 10. Light flashes, zigzag lines 11. Numbness or tingling in arms, legs and-or face 12. Visual problems when moving 13. Difficulty reading 14. None of the above
<i>If one of more symptoms are selected, the subject is then asked to indicate the severity of those symptoms individually</i>	Likert scale	<p>1 = Not at all</p> <p>4 = Moderate</p> <p>7 = Very</p>
<i>Think about the most important thing that has happened since the last beep</i>	No answer option	
This event was	Likert scale	<p>-3 = stressful</p> <p>+3 = relaxing</p>
This beep bothered me	Likert scale	1 = Not at all

		4 = Moderate 7 = Very
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1.3 Evening Questionnaire

Question	Scoring system	Answer options
This was an ordinary day	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I generally felt well today	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I generally felt tired today	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I generally felt relaxed today	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I generally worried a lot today	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I generally was able to concentrate well today	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I felt dizzy today	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I felt nauseous today	Likert scale	1 = Not at all 4 = Moderate 7 = Very
I had balance issues today	Likert scale	1 = Not at all 4 = Moderate 7 = Very
Today I suffered from hearing loss: left	Likert scale	1 = Not at all 4 = Moderate 7 = Very
Today I suffered from hearing loss: right	Likert scale	1 = Not at all 4 = Moderate 7 = Very
Today I suffered from tinnitus: left	Likert scale	1 = Not at all 4 = Moderate 7 = Very
Today I suffered from tinnitus: right	Likert scale	1 = Not at all 4 = Moderate 7 = Very
Today I suffered from aural fullness	Likert scale	1 = Not at all 4 = Moderate 7 = Very
Today I suffered from headache	Likert scale	1 = Not at all 4 = Moderate

		7 = Very
Today I suffered from light-sensitivity	Likert scale	1 = Not at all 4 = Moderate 7 = Very
Today I suffered from sound-sensitivity	Likert scale	1 = Not at all 4 = Moderate 7 = Very
Today I suffered from light flashes and/or zigzag lines	Likert scale	1 = Not at all 4 = Moderate 7 = Very
Today I suffered from numbness or tingling in arms, legs and/or face	Likert scale	1 = Not at all 4 = Moderate 7 = Very
Today I suffered from visual problems when moving	Likert scale	1 = Not at all 4 = Moderate 7 = Very
Today I suffered from difficulties reading	Likert scale	1 = Not at all 4 = Moderate 7 = Very
How many attacks of dizziness, nausea and/or hearing loss have you had today?	Multiple choice option	- 0 - 1 - 2 - 3 or more
Did the first attack today already start yesterday?	Multiple choice option	- Yes - No
The attacks were provoked by:	Multiple choice option (maximum 5 options)	- Head or body movements - Strong stimuli (visual, sound, busy places) - Stress - Nothing, started spontaneously - Something else:...
<i>If chosen 'Something else:...' What else provoked the attack?</i>	Open answer option (maximum 120 characters)	
I was unable to function properly because of the attacks for:	Multiple choice option	1. <20 minutes 2. 20 minutes – 3 hours 3. 3 hours – 12 hours 4. >12 hours
To what extent were you limited in your activities today?	Likert scale	1 = Not at all 4 = Moderate 7 = Very
In which type of activities were you limited the most today?	Multiple choice option (maximum 1 option)	1. Work, study 2. Household 3. Social 4. Travelling, on the way 5. Hobbies 6. Sports 7. Sleeping

1.4 Attack Questionnaire

Question	Scoring system	Answer options
This attack has stopped since	Multiple choice option	<ol style="list-style-type: none"> 1. Happening now 2. <20 minutes 3. 20 minutes – 3 hours 4. 3 hours -12 hours 5. >12 hours 6. Yesterday or earlier
During this attack I suffered from	Multiple choice option (maximum 13 options)	<ol style="list-style-type: none"> 1. Dizziness 2. Nausea 3. Imbalance 4. Hearing loss 5. Tinnitus 6. Aural fullness 7. Headache 8. Sensitive to light 9. Sensitive to sounds 10. Light flashes, zigzag lines 11. Numbness or tingling in arms, legs and-or face 12. Visual problems when moving 13. Difficulty reading
This attack was provoked by	Multiple choice option (maximum 5 options)	<ol style="list-style-type: none"> 1. Arose automatically 2. Head or body movements 3. Strong stimuli (visual, sound, busy places) 4. Stress 5. Something else:...
<i>If chosen 'Something else:...'</i> What other reason was there for the attack?	Open answer option (Maximum 60 characters)	
How severe was this attack?	Likert scale	<p>1 = Very mild 7 = Very severe</p>
This attack prevented me from functioning normally for	Multiple choice option	<ol style="list-style-type: none"> 1. <20 minutes 2. 20 minutes – 3 hours 3. 3 hours – 12 hours 4. 12 hours – 1 day 5. 1 to 3 days 6. >3 days