NAME/ID: DATE:



Below you will see a set of statements. Please rate each statement from 0 to 4 using the list below. Please answer every question.

0	1	2	3	4
Not at all	To a slight degree	To a moderate degree	To a great degree	All the time

	Statement	Rating
1)	I worry all the time about whether the dizziness will end	
2)	I feel I can't go on	
3)	It's terrible and I think it's never going to get any better	
4)	It's awful and I feel that it overwhelms me	
5)	I feel I can't stand it anymore	
6)	I become afraid that the dizziness will get worse	
7)	I keep thinking of other events of dizziness	
8)	I anxiously want the dizziness to go away	
9)	I can't seem to keep it out of my mind	
10)	I keep thinking about how much trouble my dizziness gives me	
11)	I keep thinking about how badly I want the dizziness to stop	
12)	There's nothing I can do to reduce the intensity of the dizziness	
13)	I wonder whether something serious may happen	

**SCORE** (Sum of ratings)

# TERMS OF USE

The items and scoring of the DCS<sup>©</sup> were adapted from the previously validated Pain Catastrophizing Scale (PCS)<sup>©</sup> by replacing the term *pain* with *dizziness*.<sup>1</sup> The DCS<sup>©</sup> was designed with the support of the developer of the PCS<sup>©</sup>.

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#### Reference

<sup>1</sup> Sullivan MJ, Bishop SR, Pivik J. The Pain Catastrophizing Scale: development and validation. *Psychol Assess*. 1995;7(4):524-532. doi:<u>10.1037/1040-3590.7.4.524</u>