

Additional file 1

Table S1: Spearman rank correlation coefficients for items used in the diagnostic indices.

	attacks vs. permanent vertigo	giddiness	unsteadiness	lift feeling	drowsiness	as in a roundabout	as in a boat	blurred	defective hearing	ear noises	sweating/nausea/vomiting	drop seizures
attacks vs. permanent vertigo	1	-0,30	0,21	0,05	0,02	-0,30	0,14	0,20	-0,02	0,03	-0,13	-0,07
rotational vertigo	-0,30	1,00	-0,50	-0,21	-0,10	0,70	-0,49	-0,16	0,20	0,04	0,15	0,26
unsteadiness	0,21	-0,50	1,00	0,00	-0,06	-0,35	0,52	-0,25	-0,09	-0,01	-0,11	-0,23
lift feeling	0,05	-0,21	0,00	1,00	0,00	-0,23	0,24	0,07	-0,20	-0,08	-0,11	-0,13
lightheadedness	0,02	-0,10	-0,06	0,00	1,00	-0,16	0,14	0,33	-0,04	0,03	0,05	0,03
like on a roundabout	-0,30	0,70	-0,35	-0,23	-0,16	1,00	-0,68	-0,20	0,13	-0,16	0,16	0,17
like on a boat	0,14	-0,49	0,52	0,24	0,14	-0,68	1,00	-0,24	-0,13	0,12	-0,15	-0,13
blurred	0,20	-0,16	-0,25	0,07	0,33	-0,20	-0,24	1,00	0,12	0,06	-0,02	0,06
defective hearing	-0,02	0,20	-0,09	-0,20	-0,04	0,13	-0,13	0,12	1,00	0,58	0,13	0,45
ear noises	0,03	0,04	-0,01	-0,08	0,03	-0,16	0,12	0,06	0,58	1,00	0,11	0,24
sweating/nausea/vomiting	-0,13	0,15	-0,11	-0,11	0,05	0,16	-0,15	-0,02	0,13	0,11	1,00	0,27
drop seizures	-0,07	0,26	-0,23	-0,13	0,03	0,17	-0,13	0,06	0,45	0,24	0,27	1,00

Bold print indicates correlations equal to or stronger than 0.5

Contingency tables for complete cases at the suggested cut-off points

These were included for compliance with STARD. Please note, that cut-off points may be varied as explained in the Discussion.

PPV test	diagnosis		Sum
	POSITIVE	NEGATIVE	
POSITIVE	28	10	38
NEGATIVE	10	53	63
Sum	38	63	101

BPPV test	diagnosis		Sum
	POSITIVE	NEGATIVE	
POSITIVE	14	5	19
NEGATIVE	2	72	74
Sum	16	77	93

MD test	diagnosis		Sum
	POSITIVE	NEGATIVE	
POSITIVE	9	11	20
NEGATIVE	0	76	76
Sum	9	87	96

VM test	diagnosis		Sum
	POSITIVE	NEGATIVE	
POSITIVE	12	14	26
NEGATIVE	1	72	73
Sum	13	86	99

Questions used to build the diagnostic indices

How does your vertigo occur?	in attacks <input type="checkbox"/>	as persistent vertigo <input type="checkbox"/>	as persistent vertigo with attacks <input type="checkbox"/>	
What kind of vertigo do you have?	rotational vertigo <input type="checkbox"/>	unsteadiness <input type="checkbox"/>	feeling of being in a lift <input type="checkbox"/>	lightheadedness <input type="checkbox"/>
How do you perceive the environment during vertigo?	like on a roundabout <input type="checkbox"/>	like on a boat <input type="checkbox"/>	very blurred <input type="checkbox"/>	
How often do you have defective hearing?	never <input type="checkbox"/>	occasionally <input type="checkbox"/>	frequently <input type="checkbox"/>	always <input type="checkbox"/>
How often do you have ear noises?	never <input type="checkbox"/>	occasionally <input type="checkbox"/>	frequently <input type="checkbox"/>	always <input type="checkbox"/>
How often do you have sweating/nausea/vomiting?	never <input type="checkbox"/>	occasionally <input type="checkbox"/>	frequently <input type="checkbox"/>	always <input type="checkbox"/>
How often do you have drop seizures?	never <input type="checkbox"/>	occasionally <input type="checkbox"/>	frequently <input type="checkbox"/>	always <input type="checkbox"/>

Examples of calculated scores

Patient marked the following answers in the questionnaire:

in attacks, rotational vertigo, feeling of being in a lift, like on a roundabout, occasionally, always, occasionally, never. Using the values from Table 2 and the cut-off values provided in Results the

Score for BPPV = $0 + 0 - 3.06 + 0 + 0 - 3.03 + 0 + 0 = -6.09 < -1.22 \rightarrow$ BPPV not suspected

Score for MD = $3.77 + 0 + 0 + 0 + 0 + 5.42 + 0.98 + 0 = 10.17 > 6.70 \rightarrow$ MD suspected

The authors are happy to provide spreadsheets that calculate the scores for all four diagnoses automatically for use with Microsoft Excel or in OpenDocument format for use with various spreadsheet programs, e. g. OpenOffice (free download from <http://download.openoffice.org>).

Questions used to build the diagnostic indices - German version

Wie tritt Ihr Schwindel auf?	als Angriff <input type="checkbox"/>	als Dauerschwindel <input type="checkbox"/>	als Dauerschwindel mit Angriffen <input type="checkbox"/>	
Wie äußert sich Ihr Schwindel?	als Drehschwindel <input type="checkbox"/>	als Schwankschwindel <input type="checkbox"/>	als Lichtgefühl <input type="checkbox"/>	als Benommenheit <input type="checkbox"/>
Wie nehmen Sie ihre Umgebung während des Schwindels wahr?	wie im Karussell <input type="checkbox"/>	wie im Boot <input type="checkbox"/>	ganz verschwommen <input type="checkbox"/>	
Wie oft haben Sie Hörstörungen?	nie <input type="checkbox"/>	selten <input type="checkbox"/>	häufig <input type="checkbox"/>	immer <input type="checkbox"/>
Wie oft haben Sie Ohrgeräusche?	nie <input type="checkbox"/>	selten <input type="checkbox"/>	häufig <input type="checkbox"/>	immer <input type="checkbox"/>
Wie oft haben Sie Schweißausbrüche/ Übelkeit/Erbrechen?	nie <input type="checkbox"/>	selten <input type="checkbox"/>	häufig <input type="checkbox"/>	immer <input type="checkbox"/>
Wie oft haben Sie Sturzanfälle?	nie <input type="checkbox"/>	selten <input type="checkbox"/>	häufig <input type="checkbox"/>	immer <input type="checkbox"/>