Client Name: Date:

Screened by

ALOT²-VestiScreen Tool (Ask, Look, Observe, Test²)

Instructions:
This screening tool identifies vestibular symptoms in clients with acquired brain injury (ABI). For each section, record "Yes" if the symptom/sign is present, or "No" if absent. Scoring: Yes = 1 point, No = 0 points

Important Note:
Tests **4a** and **4b** may not be suitable for certain clinicians or non-clinicians to administer. In such cases, these items can be omitted, and the screening can be conducted using the **first 3 items only**. **Safety Note:**
Exercise caution during the Test sections. Ensure the client is supported, use a chair or wall for safety, and be ready to assist if balance is lost. Stop immediately if the client experiences significant dizziness, nausea, or unsteadiness.

Step	Description	Yes (1)	No (0)
1. **Ask** the client	Since your brain injury (ABI), have you experienced any of the following dizziness symptoms: Vertigo (Room spinning sensation) ☐. Lightheadedness ☐ Unsteadiness (physically and or perceptually) ☐ Spaced out feeling ☐ Discomfort in busy visual environments (e.g., supermarket, scrolling screens, fast TV scenes) ☐ Motion/travel sickness ☐	☐	☐
2. **Look**Records Review	Do the client's records show any evidence of vestibular-type symptoms (e.g., dizziness, vertigo, unsteadiness, motion sensitivity)? Medical record ☐ Therapy notes ☐ Expert witness report ☐	☐	☐
3. Observe Functional Balance Observation	Do you observe any signs of unsteadiness when your client: Gets out of bed or rises from a chair ☐ Stands still ☐ Walks on level or uneven surfaces ☐ Bends over or looks up ☐ Appears reluctant to move their neck when speaking or when checking for traffic to cross the road ☐ Looks down at the footpath while walking ☐ Disproportionately slows down when walking on uneven ground ☐ Shows a dislike of, or avoids, busy visual environments (for example supermarkets, scrolling screens, cinemas) ☐	☐	☐
4. Test .	**a. Standing Balance** Client stands on cushion, in a corner, chair in front and eyes closed for 30s. Does the client sway significantly, step, or open eyes early?	☐	☐
	b. Head Shake with Visual Fixation Client stands in corner, looks at target. Moves head side-to-side and or up and down actively at ~2 Hz for 30s Does the client experience dizziness, nausea, blurred/moving vision?	☐	☐
Total Score (out of 5)			

0/5= No action needed	1-3/5> Keep an eye on	≥ 3/5 Vestibular Assessment