

## **DIZZINESS QUESTIONNAIRE**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_ **AGE** \_\_\_\_\_

Is your dizziness: (CHOOSE ONLY ONE of the following)

- \_\_\_\_\_ Constantly present, with only mild variations in intensity.
- \_\_\_\_\_ Constantly present, but much worse at times
- \_\_\_\_\_ In attacks that usually last less than one day.
- \_\_\_\_\_ In attacks that usually last for at least several days.
- \_\_\_\_\_ I have had only one attack.

Have you had any of the following? 0 = "NO"; 1 = "SLIGHT"; 2 = "MODERATE"; 3 = "SEVERE"

- \_\_\_\_\_ A sensation of spinning or moving
- \_\_\_\_\_ A lightheadedness, woozy or floating sensation.
- \_\_\_\_\_ A rocky sensation
- \_\_\_\_\_ A feeling of being pulled to one side.
- \_\_\_\_\_ A sense of unsteadiness or imbalance when turning your head.
- \_\_\_\_\_ Objects that you look at appear tilted or YOU feel tilted.

When you **ARE DIZZY** do you have: (Mark 0, 1, 2, or 3, as above)

- |  |                                   |
|--|-----------------------------------|
| _____ Nausea                             | _____ Falling to the floor        |
| _____ Vomiting                           | _____ Trouble walking             |
| _____ Ringing in your ear                | _____ Feeling your heart pounding |
| _____ Ear fullness or pressure           | _____ Feeling afraid or anxious   |
| _____ Headache                           | _____ Difficulty breathing        |
| _____ Numbness in hands or feet          | _____ Other symptoms: _____       |
| _____ Numbness in lips or face           | _____                             |
| _____ Difficulty with speech or thinking | _____                             |

Do you have any sensation **BEFORE** your dizziness begins as a **WARNING** that an attack is about to begin? Describe: \_\_\_\_\_

Do any of the following occur at **ANY TIME**?

- \_\_\_\_\_ Ringing in your right ear, left ear (circle one or both)
- \_\_\_\_\_ Pressure in your right ear, left ear (circle one or both)
- \_\_\_\_\_ Discomfort from loud sounds or loud voices
- \_\_\_\_\_ Distortion of sounds

Are any of these symptoms worse with a dizzy attack? \_\_\_\_\_

Has your hearing ever improved? \_\_\_\_\_

Has an attack **EVER** begun without a preceding head movement? \_\_\_\_\_

Is there anything that brings on an attack? \_\_\_\_\_

How long do your **SHORTEST** attacks last? \_\_\_\_\_

How long do you **LONGEST** attacks last? \_\_\_\_\_

How long ago did your dizziness or vertigo **BEGIN**? \_\_\_\_\_

When was your **LAST** attack? \_\_\_\_\_

This is a 3 part question about how many attacks have you had. Write in your answer after each question. Enter a zero if you had no episodes.

How many very mild episodes of dizziness? \_\_\_\_\_

How many mild to moderate episodes of dizziness? \_\_\_\_\_

How many severe episodes of dizziness? \_\_\_\_\_

What do you think is the **CAUSE** of your dizziness? \_\_\_\_\_

Have you ever had a severe blow to the head? Did you lose consciousness? \_\_\_\_\_

What percent of time have you lost from: \_\_\_\_\_ Work \_\_\_\_\_ Recreation  
\_\_\_\_\_ Sleep because of the dizziness problem?

Have you had any of these tests?

| Result<br>Normal | Result<br>Abnormal | Result<br>Unknown |  |
|------------------|--------------------|-------------------|--|
| _____            | _____              | _____             | Hearing test (audiogram)?              |
| _____            | _____              | _____             | AEP (evoked auditory potentials)?      |
| _____            | _____              | _____             | Caloric test (ENG or vestibular test)? |
| _____            | _____              | _____             | CAT Scan?                              |
| _____            | _____              | _____             | MRI?                                   |
| _____            | _____              | _____             | Lumbar puncture?                       |
| _____            | _____              | _____             | EEG?                                   |
| _____            | _____              | _____             | Neck x-rays?                           |
| _____            | _____              | _____             | Sinus x-rays?                          |
| _____            | _____              | _____             | Exam by neurologist?                   |
| _____            | _____              | _____             | Exam by ear doctor?                    |

Have you ever had ear surgery? \_\_\_\_\_ If so, describe: \_\_\_\_\_

Can you add anything else about your state of health that may help explain your dizziness? \_\_\_\_\_