Dizziness Questionnaire

Name ___________________________  Age ___________  Gender ________

Date ____________________________

1. When did you first notice your dizziness? __________________________________________

2. Is your dizziness constant or does it come in “spells”? ________________________________

3. If you experience “spells” of dizziness, how long do they last? (circle below)
   SECONDS  MINUTES  HOURS  DAYS
   3a. Are you free of dizziness between “spells”? _______________________________________
   3b. Are you able to tell when a “spell” of dizziness is about to begin? ___________________

4. Does your dizziness come on suddenly or gradually? _________________________________

5. Is there anything that appears to bring on your dizziness? (Please explain as well as circle all that apply below) ____________________________________________
   CIRCLE ALL THAT APPLY
   Laying down from sitting
   Standing up from sitting
   Straightening from bending
   Sitting up from laying
   Turning head left or right
   Looking up or down
   Rolling right or left in bed
   Bending over
   Car sickness
   Elevators/escalators/store aisles
   Standing near traffic

DO YOU EXPERIENCE:
   Imbalance in the dark
   Dizziness with exertion
   Oscillopsia (difficulty reading signs when walking)
   Numbness during dizziness
   Weakness during dizziness
   Falls

6. Is there anything that will cause your dizziness to lessen or stop? Is so, what? ________________
   ____________________________________________
   ____________________________________________

7. Do you experience tinnitus/ringing in the ears? _______________________________________

8. Do you experience aural fullness/sensation of fullness in the ear? ______________________

9. Do you have hearing loss? Is yes, which ear? Of which ear is worse? ______________________

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10. Do you have a history of head injury?

11. Do you or your family have a history of migraines?

12. Have you been prescribed or received ototoxic drugs?
   (Ototoxic drugs include gentomycin, amikacin, dihydrostreptomycin, kanamycin, neomycin, netilmicin, ribostamycin, streptomycin, and tobramycin)

13. How would you characterize your dizziness? Lightheadedness, faintness, giddiness, spinning (describe)

14. Do you experience unsteadiness?

15. Do you feel as if you or your environment appears to be moving?

16. Will standing up bring on your dizziness?

17. Will lying down or sitting up bring on your dizziness?

18. Do you become carsick?
   18a. If you are a passenger in an automobile, are you more apt to become dizzy than when you are the driver?

19. Do you become dizzy if you are on an escalator that is moving downward?

20. Do you have a family history of:
   - Hearing loss
   - Epilepsy
   - Balance problems
   - Meniere’s disease
   - Stroke

DO YOU EXPERIENCE DURING AN EPISODE OF DIZZINESS

Nausea or vomiting?
Sweating?
Loss of hearing?
Ringing or bussing in the ear?
Drainage from the ears?
Headache or pressure in the head?
Pain or stiffness in the neck?
Double vision, blurred vision or loss of vision?
Difficulty with speech or swallowing?
Shortness of breath?
Rapid heart beat or palpitations?
Weakness or clumsiness in the arms and/or legs?
Numbness or tingling of the face, fingers or toes?
Loss of consciousness, blackout, confusion or memory loss?

21. Have you in the past or do you now suffer from:
   - Diabetes
   - Heart Disease
   - High Blood Pressure
   - Migraine Headaches
   - Seizures
   - Stroke

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22. Do you suffer from anxiety or panic disorders?

23. Do you notice any relationship between your dizziness and tension and/or anxiety in your life?

24. Have you ever had a concussion, skull fracture or been knocked unconscious?

25. Have you had whiplash or do you have any problems with your neck/back?

26. Do you have any problems with your vision?
   26a. Do you wear eyeglasses or contact lenses?

27. Do you experience difficulty walking in the dark?

28. Do you have a tendency to veer when walking?
   If yes, do you veer to the   RIGHT       LEFT        EITHER DIRECTION

29. Have you been in the past or are you now a heavy drinker?