

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? _____

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 |

DO YOU EXPERIENCE DURING AN EPISODE OF DIZZINESS

- Nausea or vomiting? _____
- Sweating? _____
- Loss of hearing? _____ Right Ear _____ Left Ear _____ Both _____
- Ringing or bussing in the ear? _____ Right Ear _____ Left Ear _____ Both _____
- Drainage from the ears? _____ Right Ear _____ Left Ear _____ Both _____
- Headache or pressure in the head? _____ During _____ After _____
- 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 |

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? _____