

## **Dizziness Questionnaire**

NAME:						DATE:						
l.	Which of these best describes your dizziness? Circle only one.											
	As	ensation o	of mov	ement of	yourself or the room: spinning,	tilting, or wave-like movemer	nt					
	Lightheadedness or feeling that you are going to faint											
	Los											
	Dis	associatio	on or d	isorientat	tion with the world							
II.		you are "o			experience any of the followin	ng sensations? You may cir	cle as many yes					
	Ye	s No	No 1.		eadedness or swimming sensati							
	Ye	s No	No 2. B		ng out or loss of consciousness.							
	Ye	s No	3.	Tende	ncy to fall.							
	Ye	s No	4.	Objects	s spinning or turning around you	J.						
	Ye	s No	5.	Sensat	tion that you are turning or spinn	ning inside.						
	Ye	s No.	6.	Loss o	f balance when walking							
	Ye	s No	7.	Heada	che							
	Ye	s No	8.	Pressu	ure in the head.							
	Ye	s No	9.	Nause	a or vomiting.							
III.	Please	fill in the	blank	s or circ	ele appropriate answer							
	A.	_										
	В.	B. Is the dizziness CONSTANT or does it come in ATTACKS?										
	C.	C. If the dizziness comes in attacks, how often do these attacks occur?times per day / week / month / year.										
	D.				n attacks, how long do the attack es / hours / days.	ks last?						
	E.											
	F.	_										
	G. Does your hearing change How?				ge when the dizziness occurs?	Ye	s / No					
		١	Which	Ear?	Right / Left / Both							
	Н.				ptoms associated with the dizzing, weakness in the arms or legs,		s, numbness or tingling i					

e any of No	the following syn  the following syn  Difficulty in heari  Noise in your ear  Does noise chan  Fullness or stufficed any of the following  Numbness of fact  Numbness of arr  Weakness in arr  Clumsiness of arr	rs?  Inge during the dizziness?  Iness in your ears?  Inge during the dizziness?  Inge during symptoms?  Inge dizziness  Inge	as migraine, Circle  Yes or No au	multiple Yes 	/ No Explain
e any of No	the following syn  1. Difficulty in heari  2. Noise in your ear  3. Does noise chan  4. Fullness or stufficed any of the follo  1. Double vision, bl  2. Numbness of fact  3. Numbness of arr  4. Weakness in arr  5. Clumsiness of arr	nptoms? Please circle ng? rs? nge during the dizziness? ness in your ears? owing symptoms? urred vision or blindness ce. ms or legs.	Circle  Yes or No au  How?	Yes  nd circle  Right  Right	Ear involved Left Left
No No No No Kperiend No No No No No No No No	1. Difficulty in heari 2. Noise in your ear 3. Does noise chan 4. Fullness or stufficed any of the follo 1. Double vision, bl 2. Numbness of fact 3. Numbness of arr 4. Weakness in arn 5. Clumsiness of ar	ng? rs? rge during the dizziness? ness in your ears?  owing symptoms?  urred vision or blindness ce. ms or legs.	? How?	Right Right	Left Left
No No Kperiend No No No No No	2. Noise in your ear 3. Does noise chan 4. Fullness or stuffin  ced any of the follo 1. Double vision, bl 2. Numbness of fact 3. Numbness of arr 4. Weakness in arn 5. Clumsiness of ar	rs?  Inge during the dizziness?  Iness in your ears?  Inge during the dizziness?  Inge during symptoms?  Inge dizziness  Inge		Right	Left
No No No No No No No No	3. Does noise chan 4. Fullness or stufficed any of the follo 1. Double vision, bl 2. Numbness of fact 3. Numbness of arr 4. Weakness in arn 5. Clumsiness of ar	nge during the dizziness? ness in your ears?  owing symptoms?  urred vision or blindness ce.  ms or legs.			
No Kperiend No No No No No	4. Fullness or stuffined any of the follows: 1. Double vision, blue 2. Numbness of factions: 3. Numbness of arruph 4. Weakness in arruph 5. Clumsiness of arruph 4.	ness in your ears?  owing symptoms?  urred vision or blindness ce.  ms or legs.			Left
kperiend No No No No No	ced any of the follows:  1. Double vision, blue.  2. Numbness of facts:  3. Numbness of arrue.  4. Weakness in arnue.  5. Clumsiness of ar	owing symptoms? urred vision or blindness ce. ms or legs.	S.	Right	Left
No No No No No	1. Double vision, bl 2. Numbness of fact 3. Numbness of arr 4. Weakness in arn 5. Clumsiness of ar	urred vision or blindness ce. ms or legs.	S.		
No No No No	<ol> <li>Numbness of fact</li> <li>Numbness of arr</li> <li>Weakness in arn</li> <li>Clumsiness of ar</li> </ol>	ce. ms or legs.	3.		
No No No No	<ol> <li>Numbness of arr</li> <li>Weakness in arn</li> <li>Clumsiness of ar</li> </ol>	ns or legs.			
No No No	4. Weakness in arn 5. Clumsiness of ar	_			
No No	5. Clumsiness of ar	ns or legs.			
No					
	6 Confusion or loss	ms or legs.			
	o. Comusion or los	s of consciousness.			
No	7. Difficulty with spe	eech.			
No	8. Difficulty with sw	allowing.			
No	9. Pain in the neck	or shoulder.			
		ently taking on a regula		  y taking	for dizziness:
	<u>Taken in Past</u>	Taking Now	<u>He</u>	<u>lps</u>	
ne)			YES	NO	
m)			YES	NO	
lls"			YES	NO	
ver bee	n previously evalu	uated for dizziness?			
No	How Long Ago?	Result?			
	nts:				-
	lo 	•		No How Long Ago? Result?	No How Long Ago? Result?