

Dizziness Questionnaire

Circle any that apply to your symptoms:

When you are "dizzy" do you experience any of the following sensations?

- | | | |
|--|--------------------------------|----------------------------|
| Lightheadedness | Swimming sensation in the head | Blacking out |
| Headache | Nausea or vomiting | Pressure in the head |
| Difficulty hearing | Noise in your ears | Fullness in ears |
| Allergy symptoms | Head injury | Double or blurred vision |
| Numbness in face or extremities | | Weakness in arms or legs |
| Confusion | Difficulty with speech | Difficulty with swallowing |
| Tendency to fall: to the left or right or forward or backward | | |
| Objects spinning or turning around you | | |
| Sensation that you are turning or spinning and objects remain stationary | | |
| Loss of balance when walking: veering to the left or right | | |

YES NO Please check yes or no and answer any additional questions that apply

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | My dizziness is constant. |
| <input type="radio"/> | <input type="radio"/> | My dizziness is in attacks. How often? _____
How long do attacks last? _____ |
| <input type="radio"/> | <input type="radio"/> | When did the dizziness first occur? _____ |
| <input type="radio"/> | <input type="radio"/> | Can you tell when an attack is about to occur? |
| <input type="radio"/> | <input type="radio"/> | Are you completely free of dizziness between attacks? |
| <input type="radio"/> | <input type="radio"/> | Does change of position make you dizzy? |
| <input type="radio"/> | <input type="radio"/> | Do you have trouble walking in the dark? |
| <input type="radio"/> | <input type="radio"/> | When you are dizzy, can you stand up unsupported? |
| <input type="radio"/> | <input type="radio"/> | Do you know of any possible cause for your dizziness? _____ |
| <input type="radio"/> | <input type="radio"/> | Does anything make your dizziness better? _____
Make it worse? _____ |