DIZZINESS AND VERTIGO QUESTIONNAIRE

PLEASE CIRCLE

When you are dizzy or have vertigo do you perceive: Movement Light Headedness Unsteadiness

How long have you experienced these symptoms __________________________________________

Do you have:

- Ear pain
- Decreased hearing
- Popping or pressure in ears
- Cold or flu symptoms
- Allergies
- Headache
- Blurred vision
- Double vision
- Confusion
- Speech difficulties
- Weakness
- Numbness of the body
- Nausea
- Vomiting
- Confusion
- Generalized Fatigue
- Fainting spells or passing out
- Palpitations
- Chest pain or pressure
- Shortness of breath
- Numbness around mouth
- Anxiety
- Pain in neck or shoulders
- Head injury
- High Pitched
- Low Pitched
- Roaring Sound (sea shell)
- Musical

I get dizzy when I:

- Bend Over
- Make quick turns
- Seasonal changes
- Stoop
- Rise from a chair
- Menses
- Turn in Bed
- Eat
- Other______________

The following factors worsen my symptoms:

- Coughing
- Loud noises
- Straining
- Other___________________
- Rising in a vehicle

The following improve my symptoms__________________________________________________

Past Treatments: Meclizine or Antivert
- Ear Patch
- Other_____________________

Past Tests: MRI MRA EEG ENG CT SCAN SINUS EVALUATION AUDIOGRAM BLOOD TEST

The severity of my symptoms are – Annoying Mild Moderate Severe Disabling

How frequent are your dizzy symptoms______________________________________

How long does one dizzy attack last – Seconds Less than a Minute Minute to an Hour Hours to Days
- Days to Weeks
- Month to Years

PATIENT NAME____________________________________ACCT #_________________DATE____________

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