Name: _____ **Date:** _____

DIZZINESS QUESTIONNAIRE

I. When you are "dizzy" do you experience any of the following sensations? Please read the entire list first, then circle the number of all the statements that describe your feelings.

☐ 1. When dizzy I feel lightheaded
☐ 2. There is a swimming sensation in the head
☐ 3. I black out or faint.
☐ 4. I have been unconscious for more than a few seconds.
☐ 5. I tend to fall to the right.
☐ 6. I tend to fall to the left
☐ 7. I tend to fall forward.
☐ 8. I tend to fall backward
☐ 9. The room or objects spin or turn around me.
☐ 10. I feel a sensation that I am turning or spinning inside, with outside objects remaining stationary.
☐ 11. I lose my balance when walking - Veering to the right.
☐ 12. I lose my balance when walking - Veering to the left.
☐ 13. I have a headache.
☐ 14. I feel nauseated.
☐ 15. I have vomited
☐ 16. I have pressure in the head
☐ 17. I have fallen or injured myself from being dizzy.
☐ 18. My dizziness is constant, all the time.
☐ 19. My dizziness comes in attacks but I am completely free of dizziness between attacks
☐ 20. My dizziness is worse in attacks, and I am somewhat dizzy between attacks
☐ 21. My dizziness occurs only in certian positions
☐ 22. My dizziness occurs only with movement
☐ 23. When I am dizzy, I must support myself when standing
☐ 24. My dizziness is worse with couging or straining
25. What will stop your dizziness or makes it better? _____
26. What will make your dizziness worse? _____
27. If you have attacks: How many attacks per day: ___ per week ___ per month ___
How long do they usually last? seconds ___ minutes ___ hours ___
Do you have any warning that the attack is about to start? Yes ☐ No ☐
What will begin an attack? _____

II. If you have any of the following symptoms, put an "X" in the appropriate box.

Both Ears	Right Ear	Left Ear	No		
☐	☐	☐	☐	1.	Difficulty in hearing: When did it start: _____ , ☐ suddenly, ☐ gradually Is it getting worse ☐ , getting better ☐ , the same ☐
☐	☐	☐	☐	2.	Noise in your ears. Describe the noise _____ When dizzy, is the noise louder ☐ , softer ☐ , higher pitch ☐ , lower pitch ☐ If anything stops the noise or makes it better, what _____
☐	☐	☐	☐	3.	Fullness or stuffiness in your ears. When you are dizzy, is it better ☐ , worse ☐ , same ☐
☐	☐	☐	☐	4.	Pain in your ears.
☐	☐	☐	☐	5.	Discharge from your ears.
☐	☐	☐	☐	6.	Have you ever had ear surgery?

III. If you have ever experienced any of the following symptoms, please select the appropriate box

	No	Constantly	In attacks when not dizzy	In attacks when dizzy
1. Double Vision.	☐	☐	☐	☐
2. Numbness of face, arms, or legs.	☐	☐	☐	☐
3. Blurred vision or blindness.	☐	☐	☐	☐
4. Weakness in arms or legs.	☐	☐	☐	☐
5. Clumsiness in arms or legs.	☐	☐	☐	☐
6. Confusion or loss of consciousness.	☐	☐	☐	☐
7. Difficulty with speech.	☐	☐	☐	☐
8. Difficulty with sallowing.	☐	☐	☐	☐
9. Tingling around the mouth	☐	☐	☐	☐
10. Spots before the eyes.	☐	☐	☐	☐
11. Do you get dizzy after exertion or overwork?			Yes☐	No☐
12. Did you get new glasses recently?			Yes☐	No☐
13. Do you tend to get upset easily?			Yes☐	No☐
14. Do you get dizzy when you have not eaten for a long time?			Yes☐	No☐
15. Is your dizziness connected with your menstrual period?			Yes☐	No☐
16. Have you ever had a neck injury or whiplash?			Yes☐	No☐
17. Were you exposed to any irritating fumes, paints, etc., at onset of dizziness?			Yes☐	No☐
18. Did you ever injure your head?			Yes☐	No☐
If you were unconsious how long? seconds _____ minutes_____ hours_____ days_____ weeks_____				No☐
19. Do you use alcohol?			Yes☐	No☐