

DIZZINESS HISTORY QUESTIONNAIRE

NAME: _____ AGE: _____ DATE: _____

When was the first time ever in your life you had dizziness?

What were the circumstances?

When was the last time you experienced dizziness?

What were the circumstances?

Currently, my dizziness.... (Check one)

_____ is constant.

_____ is always there, but changes in intensity.

_____ comes and goes.

If it comes and goes:

How long does it last? _____ seconds / minutes / hours (circle one)

How often does it typically occur? _____ times per hour / day / week / month / year

My dizziness mostly consists of... (Check ALL that apply)

- spells of spinning with nausea.
 - off-balance sensation without dizziness.
 - a light-headed or near faint sensation.
 - other. Please explain
-

Between episodes I feel... (Check one)

- dizzy or off balance at all times.
 - normal.
 - other. Please explain
-

My episodes occur...(check ALL that apply)

- spontaneously. Nothing I do seems to bring them on or turn them off.
 - only when standing or walking.
 - in relation to any head motion.
 - in relation to only certain head positions. Please describe
-

When I roll over in bed...(check one)

- nothing unusual happens.
- the room seems to spin sometimes.
- the room spins every time.

Is there anything that you can do to make your dizziness go away? (sit, lay down, close eyes...)
Please explain.

Circle all that apply:

- | | | | |
|--------------------------------|-------|------|------|
| I have hearing difficulty | Right | Left | Both |
| I have ringing or other sounds | Right | Left | Both |
| I have fullness | Right | Left | Both |
| I have had ear surgery | Right | Left | Both |

Circle YES or NO

Did you have a cold, flu, or virus type symptoms shortly before the onset of your dizziness?

Yes / No

Did you cough, lift, sneeze, fly in a plane, swim under water, have a head trauma shortly before the onset of your dizziness?

Yes / No

If you had head trauma prior to your dizziness, did you lose consciousness completely?

Yes / No

Were you exposed to any irritating fumes, paints, etc. at the onset of your dizziness?

Yes / No

Do you get dizzy when you have not eaten for a long time?

Yes / No

Did you get new glasses recently?

Yes / No

I consider myself to be an anxious or tense type of person.

Yes / No

I am under a great deal of stress.

Yes / No

In the past year I have had...(check all that apply)

loss of consciousness

occasional loss of vision

seizures or convulsions

severe pounding headache or migraine

slurring of speech

palpitations of the heartbeat

difficulty swallowing

tingling around the mouth

weakness in one hand, arm, leg

tendency to fall

double vision

loss of balance when walking

spots before the eyes

I have or have had...(check all that apply)

Diabetes

Stroke

High Blood Pressure

Migraine Headaches

Arthritis

A neck and/or back injury

Irregular Heartbeat

Allergies

Please check below for any medications you have tried or are currently taking for dizziness:

	Taken in the past	Taking now	Helps
Antivert (meclizine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valium (diazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyazide "water pills"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been previously evaluated for dizziness?
