NORTH HILLS
ENT

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Dizziness Questionnaire

Patient's Name ________________________________ DOB ______________________

Please take your time and fill out this questionnaire carefully. Medical decisions will be made based on the information given on this sheet.

Please select the answer that best answers the question for you:

☐Yes ☐No My episodes occur spontaneously, nothing seems to bring them on or turn them off.
☐Yes ☐No My episodes occur only when standing/walking
☐Yes ☐No My episodes occur in relation to any head motion
☐Yes ☐No My episodes occur in relation to only certain head positions. Describe______________
☐Yes ☐No My episodes occur after a loud noise
☐Yes ☐No My episodes occur while coughing or sneezing
☐Yes ☐No My episodes occur after a cold
☐Yes ☐No I have fallen because of my dizziness
When was your most recent fall?________________
☐Yes ☐No Was your dizziness associated with a related head injury?

When did your dizziness start?_______________________________

How long does the dizziness last?
☐Constant ☐Comes and goes ☐Comes in attacks
☐Always there, but changes in intensity

During an episode my dizziness lasts:
____☐Sec ☐Min ☐Hrs ☐Days ☐Weeks

During an episode my dizziness will occur:
___ times per ☐Hour ☐Day ☐Week ☐Month ☐Year

☐Yes ☐No When I am dizzy the world is spinning **with** nausea
☐Yes ☐No When I am dizzy the world is spinning **without** nausea
☐Yes ☐No When I am dizzy I feel light-headed/near faint sensation
☐Yes ☐No When I am dizzy I feel off-balance sensation without spinning/rotation
☐Yes ☐No When I am dizzy I feel a panic feeling

How did the onset of symptoms occur?
☐Sudden ☐Gradual ☐Overnight

How do you feel between dizzy episodes?
☐Normal ☐Dizzy/Off balance all the time
☐Other_____________________________

What medication have you been treated with?
☐Meclizine ☐Valium/Diazepam ☐Dyazide/waterpill
☐Other_________________________________

☐Yes ☐No When I am dizzy, it feels like a rocking sensation
☐Yes ☐No When I am dizzy, it feels like a boat-like sensation
☐Yes ☐No During a dizzy episode, I feel numbness/tingling sensation
☐Yes ☐No During a dizzy episode, I have a throbbing headache
☐Yes ☐No During a dizzy episode, I feel nauseous/vomit

Do you suspect hearing loss during a dizzy episode? ☐No ☐Right ☐Left ☐Both ears
Are there noises in your ears? ☐No ☐Right ☐Left ☐Both ears
Do you experience changes in your noise during a dizzy episode?☐No ☐Yes
Is there pressure in your ears? ☐No ☐Right ☐Left ☐Both ears

Do you experience changes in pressure with dizziness? ☐No ☐Yes
Is there pain in your ears? ☐No ☐Right ☐Left ☐Both ears
Drainage/liquid from your ears? ☐No ☐Right ☐Left ☐Both ears
Have any other ear symptoms?____________________________

Have you had any of the following?

☐Migraines
☐Concussion
☐Hearing test
☐Seizures
☐Neuropathy
☐Balance test
☐Tumor
☐Panic attacks
☐Spinal tap
☐Stroke
☐Depression
☐CT scan
☐Diabetes
☐Multiple Sclerosis
☐MRI
☐Congestive heart failure
☐Eye test
☐Neurologic exam
☐Other________________

How does your dizziness change under the following circumstances?

	Brings on Dizziness	Gets Worse	No Change
Standing up quickly	☐	☐	☐
Rolling over in bed	☐	☐	☐
Looking up	☐	☐	☐
Riding in a car or plane	☐	☐	☐
Missing a meal; going hungry	☐	☐	☐
Eating a meal	☐	☐	☐
Hearing a loud noise	☐	☐	☐
Opening your eyes	☐	☐	☐
Walking on uneven ground	☐	☐	☐
Watching a flickering light	☐	☐	☐
Facing a tense situation	☐	☐	☐
In a small crowded room	☐	☐	☐
Strenuous physical exertion	☐	☐	☐
Coughing or straining	☐	☐	☐

Patient's Signature______________________________ Date____________________