

Dizziness History Questionnaire

Patient Name: _____ **Age:** _____ **Date:** 10/15/2009

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...

is constant.

is always there, but changes in intensity.

comes and goes.

If comes and goes:

How long does it typically 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 all the time.

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 you dizziness go away? (sit, lay down, close eyes...)

Please explain: _____

Circle all that apply:

I have hearing difficulty RightLeft.....Both

I have ringing or other sounds RightLeft.....Both

I have fullness RightLeft.....Both

I have had ear surgery RightLeft.....Both

Circle YES or NO

Did you have 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 or 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

Is your dizziness connected with your menstrual period? 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
- slurring of speech migraine
- difficulty swallowing palpitations of the heartbeat
- weakness in one hand, arm or leg tingling around mouth
- double vision tendency to fall
- spots before the eyes loss of balance when walking

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 FOR DIZZINESS or are currently taking:

	Taken in past	Taking now	Helps
Antivert (Meclizine)	___	___	___
Valium (Diazepam)	___	___	___
Dyazide "water pills"	___	___	___

Have you ever been previously evaluated for dizziness? _____