



## DIZZINESS QUESTIONNAIRE

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PATIENT NAME (PLEASE PRINT)

PATIENT DATE OF BIRTH

1. When did your dizziness start or when did you start having episodes of dizziness?  
\_\_\_\_\_
2. Have you ever had any similar problems with dizziness in the past?       YES       NO
3. If so, when did they occur? \_\_\_\_\_
4. My dizziness is most accurately described as:
  - Motion (feeling that you or the environment is swaying or unsteady)
  - Spinning (sensation of rotation)
  - Almost blacking out or loss of consciousness (fainting)
  - Other: \_\_\_\_\_
5. My dizziness:
  - Is constant
  - Occurred only one time
  - Comes in repeated attacks
  - Occurs in cycles with several or many episodes during each cycle
  - Other: \_\_\_\_\_
6. If dizziness occurs in attacks, how long does each attack last? In some cases there are several attacks or episodes over a period of time, for example, over a 2 week period you may have had one attack every day that lasted 20-40 minutes. Then the answer is 20-40 minutes. Just a rough average or range will be fine.
  - Very brief or seconds
  - About 15 seconds to a minute or so
  - A few minutes to maybe 20-40 minutes
  - About an hour to several hours
  - 6-12 hours and sometimes longer
  - One to several days
  - Months
7. If dizziness occurs in attacks, how frequently do they occur on average? Just a rough average will be fine. We realize dizziness is often not predictable and occurs sporadically.
  - Many or several times each day
  - Once each day
  - Several times each week
  - Once each week
  - Several times each month
  - Once each month
  - Several times per year
  - About once every year
  - Less than once per year
8. If dizziness occurs in attacks, when was your last attack?  
\_\_\_\_\_
9. If it occurs in attacks, are you completely free of dizziness between attacks?       YES       NO

**/Please complete both sides**

10. Do you have any of the following associated with dizziness or an attack of dizziness?

- |  |  |
|--|--|
| <input type="checkbox"/> Hearing loss                                  | <input type="checkbox"/> Extremity numbness              |
| <input type="checkbox"/> Increase in ear noises                        | <input type="checkbox"/> Extremity weakness              |
| <input type="checkbox"/> Pressure or fullness in one or both ears      | <input type="checkbox"/> Poor coordination or clumsiness |
| <input type="checkbox"/> Nausea and/or vomiting                        | <input type="checkbox"/> Mental confusion                |
| <input type="checkbox"/> Ear pain or drainage                          | <input type="checkbox"/> Loss of consciousness           |
| <input type="checkbox"/> Sudden or rapidly progressive hearing loss    | <input type="checkbox"/> Difficulty with speech          |
| <input type="checkbox"/> Double or blurred vision or visual distortion | <input type="checkbox"/> Difficulty swallowing           |
| <input type="checkbox"/> Temporary blindness                           | <input type="checkbox"/> Prolonged tremor                |
| <input type="checkbox"/> Facial numbness                               |  |
| <input type="checkbox"/> Facial weakness, paralysis, spasm             |  |

11. Have you had any of the above NOT associated with dizziness?  YES  NO

12. Please describe an episode of dizziness in your own words or describe how you feel when you are dizzy. Try to use a word other than dizzy in your description, a word that is more precise such as spinning or faint, or a description of past experience that is familiar, for example, what occurred after you got off a ride at Disneyland, while riding on a boat, or when you got up too fast and almost passed out.

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13. Have you had any previous evaluation for dizziness?  YES  NO

14. Have you had any treatment for dizziness?  YES  NO

15. Have you had any scans for dizziness?  YES  NO

16. Have you had any lab tests for dizziness?  YES  NO

17. Have you had any hearing tests?  YES  NO

**\*\*\*THANK YOU! \*\*\***