

Dizziness Questionnaire

NAME: _____ DATE: _____

I. Which of these best describes your dizziness? Circle only one.

- A sensation of movement of yourself or the room: spinning, tilting, or wave-like movement
- Lightheadedness or feeling that you are going to faint
- Loss of balance
- Disassociation or disorientation with the world

II. When you are "dizzy" do you experience any of the following sensations? You may circle as many yes responses as necessary.

- | | | | |
|-----|-----|----|--|
| Yes | No | 1. | Lightheadedness or swimming sensation in the head. |
| Yes | No | 2. | Blacking out or loss of consciousness. |
| Yes | No | 3. | Tendency to fall. |
| Yes | No | 4. | Objects spinning or turning around you. |
| Yes | No | 5. | Sensation that you are turning or spinning inside. |
| Yes | No. | 6. | Loss of balance when walking |
| Yes | No | 7. | Headache |
| Yes | No | 8. | Pressure in the head. |
| Yes | No | 9. | Nausea or vomiting. |

III. Please fill in the blanks or circle appropriate answer

- A. When did the dizziness first occur? _____
- B. Is the dizziness CONSTANT or does it come in ATTACKS?
- C. If the dizziness comes in attacks, how often do these attacks occur?
 _____ times per day / week / month / year.
- D. If the dizziness comes in attacks, how long do the attacks last? _____
 seconds / minutes / hours / days.
- E. What factors provoke the dizziness or make the dizziness worse?

- F. What makes the dizziness better?

- G. Does your hearing change when the dizziness occurs? Yes / No
 How? _____
 Which Ear? Right / Left / Both
- H. Are there any other symptoms associated with the dizziness, such as visual changes, numbness or tingling in the arms or legs, weakness in the arms or legs, changes in speech?
