

Advanced Audiology & Hearing Care
Balance and Dizziness Clinic
117 Harmony Crossing Suite 8
Harmony Medical Center
Eatonton, GA 31024
706-453-2119

Last Name _____ First Name _____ DOB: _____
Address: _____ Today's Date: _____

Characteristic of Dizziness

IS YOUR DIZZINESS ASSOCIATED WITH ANY OF THE FOLLOWING SENSATIONS? PLEASE CHECK ANY OF THE FOLLOWING THAT DESCRIBES YOUR BALANCE FEELINGS MOST ACCURATELY.

- Lightheadedness or swimming sensation in the head.
- Blacking out or loss of consciousness.
- Tendency to fall.
- Objects spinning around you.
- Sensation that you are spinning.
- Loss of balance when in the dark.
- Headache.
- Nausea.
- Vomiting.
- Pressure in the head.

Please describe in your own words the sensations you experience when you are dizzy.

Associated Ear Symptoms

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR EARS.

- | | | | |
|--|-----------|-----------|----------|
| 1. Do you have difficulty with your hearing? | Both Ears | Right Ear | Left Ear |
| 2. Does your hearing change with your dizziness? If so, how? | _____ | | |
| _____ | | | |
| 3. Do you have tinnitus (ringing in your ears)? | Both Ears | Right Ear | Left Ear |
| Does the tinnitus change with dizziness? If so, how? | _____ | | |
| _____ | | | |
| 4. Do you have fullness or pressure in your ears? | Both Ears | Right Ear | Left Ear |
| 5. Do you have pain in your ears? | Both Ears | Right Ear | Left Ear |
| 6. Do loud sounds make you dizzy? | | Yes | No |

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS?

- Double or blurred vision
 - Light sensitivity
 - Trouble walking in the dark
 - Severe or recurrent headaches
 - Numbness in face or extremities
 - Weakness or clumsiness in arms or legs
 - Confusion or memory loss
 - Difficulty with slowed or slurred speech
 - Difficulty swallowing
 - Tingling around your mouth
 - Seizures
 - Recent added stress to daily life
 - Pain in the neck or shoulders
 - Recent head trauma (If yes, please explain)
-
-

Medical History

- Allergies
- Concussion
- Diabetes
- Headaches
- Heart Disease
- Motion Sickness
- Neck Surgeries
- Tobacco Use What kind? _____ How much? _____

- Caffeine How much? _____
Does it affect your dizziness? _____

- Alcohol How much? _____
Does it affect your dizziness? _____

Family History

ANY FAMILY HISTORY OF:

- Migraine
- High Blood Pressure
- Low Blood Pressure
- Diabetes
- Thyroid

Please list any other diseases that run in your immediate family _____

Medications

PLEASE LIST ALL MEDICATIONS YOU ARE TAKING

What medications did you take TODAY? _____

Dizziness Descriptions

1. When did your dizziness first occur? _____

2. How often do you become dizzy? _____

3. Do your dizzy spells come in attacks? Yes No

4. How long does the dizziness last?

- Seconds
- Minutes
- Hours
- Days

5. Do you have any warning that the dizziness is about to start? Yes No

6. Are you completely free of dizziness between episodes? Yes No

7. Are you dizzy mainly when you sit or stand up quickly? Yes No

8. Does a certain movement make you dizzy? If so, what? _____

9. Do you feel nauseated during a dizzy episode? Yes No
10. Do you feel dizzy when you roll over in bed? Yes No
To the Right? To the Left?
11. Do you feel dizzy even when you are lying down? Yes No
12. Have you had a recent cold or flu prior to your recent dizzy spells? Yes No
13. Do you know of anything that will stop your dizziness? _____
Anything to make it better? _____
Anything to make symptoms worse? _____
14. Does moving your head make the dizziness worse?
 Turning to the Right
 Turning to the Left
 Looking Up
 Looking Down
15. Do you become dizzy when you...
 Cough?
 Sneeze?
 Have a bowel movement?
16. Which of the following can make your dizziness worse or trigger an attack?
 Fatigue/Overworked
 Hunger
 Menstrual Period
 Stress
 Emotionally Upset
 Alcohol