

Ear, Nose & Throat Specialists of Southern New Hampshire, P.A.

DIZZINESS QUESTIONNAIRE

PATIENT NAME: _____ DATE: _____

1. When did the dizziness first begin? _____
2. Please select one of the descriptions below that best describes your dizziness—please select only one:
___ A swirling or whirling sensation or a spinning sensation
___ A feeling as if you are going to faint or pass out
___ A feeling of imbalance like you might stumble or fall
3. How many times a week are you likely to get dizzy? _____
4. On average, how long does the dizziness last when it comes? _____
5. Are you completely free of dizziness between attacks? _____
6. Are you aware of any change in your hearing during the dizziness? _____

7. Do you have a hearing loss? _____
8. Do you have ringing in your ear? _____ Is it constant? _____
9. Do you know anything that relieves your dizziness? _____
What? _____
10. Did the dizziness start when you were being treated for a severe infection with intravenous antibiotics? _____
11. Have you ever had (in all your life) a problem with severe headaches? _____

12. Does anyone in your family have migraines? _____
Who? _____
If the answer to questions #11 and 12 is "no", then go on to question #20. If you answered "yes" to #11 and 12, continue with #13:
13. Do you tend to have motion sickness? _____
14. Are your headaches pounding in nature? _____
15. Do your headaches only involve one side of the head at a time? _____

Turn over to other side →

16. Does sleeping seem to relieve your headache? _____

17. Do you notice that any of the following things occur around the time that you are having a headache? Check those that occur:

Nausea and vomiting

Visual changes: spots, wavy lines, bright lights

Numbness or tingling—if so, where? _____

Sensitivity to loud noises or bright lights

Trouble talking

Hearing loss

Buzzing or ringing in the ear

Loss of consciousness

18. Have you ever had brief episodes of visual impairment? _____

19. Do you have asthma, heart failure, diabetes or take thyroid medication? _____

20. Does rolling over in bed make you dizzy? _____

21. Do you have anemia? _____

22. Do you have heart rhythm problems? _____

23. Have you ever had a heart attack or stroke? _____

24. Do you have diabetes or high blood pressure? _____

25. Do any of the following things occur when you are dizzy? Check off those that occur:

Loss of consciousness or mental confusion

Hearing loss or loud buzzing in the ear

Blindness or other visual problems

Difficulty speaking

Weakness in your arms or legs

Numbness or tingling

26. Do you have any thoughts as to why you might be having dizzy spells? _____

What? _____

27. Do you have any diseases or medical conditions? Please list: _____