EAR, NOSE & THROAT OF LOS GATOS

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# Patient Questionnaire for Dizziness

Name _____ Age _____ Date _____

Main Occupation _____ Additional Occupation _____

1. When did your **FIRST** episode of dizziness occur? _____
2. What were you doing when you had your **FIRST** dizzy spell? _____
3. How long did your **FIRST** episode last? _____
4. Have subsequent dizzy episodes been as severe as the first? ☐ Yes ☐ No
5. Were you ill during or shortly before (within 6 weeks) your first dizzy spell? ☐ Yes ☐ No
6. Do you have a history of any of the following?
   - ☐ Major head trauma (involving loss of consciousness)
   - ☐ Seizure disorder
   - ☐ Syphilis
   - ☐ Infections requiring hospitalization
   - ☐ Tuberculosis
   - ☐ Diabetes
   - ☐ Stroke
   - ☐ Thyroid disorder
   - ☐ Elevated cholesterol
   - ☐ Heart disease
   - ☐ Migraines
   - ☐ High blood pressure
7. How would you describe your dizziness?
   - ☐ Lightheadedness
   - ☐ Spinning
   - ☐ Unsteadiness
   - ☐ Swimming, floating or motion sensation
8. Do you have any of the following symptoms during your dizzy spell?
   - ☐ Nausea
   - ☐ Vomiting
   - ☐ Ear pressure ☐ Left ☐ Right ☐ Both
   - ☐ Ear noise (ringing) ☐ Left ☐ Right ☐ Both
   - ☐ Hearing loss ☐ Left ☐ Right ☐ Both
   - ☐ Ear pain ☐ Left ☐ Right ☐ Both
   - ☐ Ear drainage ☐ Left ☐ Right ☐ Both
   - ☐ Auras (warning symptoms)
   - ☐ Loss of consciousness
   - ☐ Headache
   - ☐ Double vision
   - ☐ Falling towards ☐ Left ☐ Right ☐ Forwards ☐ Backwards
   - ☐ Numbness ☐ Face ☐ Arms ☐ Legs ☐ Other
   - ☐ Weakness ☐ Face ☐ Arms ☐ Legs ☐ Other
   - ☐ Difficulty with speech
   - ☐ Difficulty with swallowing
9. Is your dizziness constant (continuous day and night)? ☐ Yes ☐ No

10. Does your dizziness come in attacks or waves? (if no, skip to next question) ☐ Yes ☐ No

    a. How long does a typical attack last?
    - ☐ A split second
    - ☐ Less than one minute
    - ☐ Several minutes
    - ☐ One to eight hours
    - ☐ More than eight hours

    b. How often are your attacks on the average?
    - ☐ Many times per day
    - ☐ Everyday
    - ☐ One or more per week
    - ☐ At least one each month
    - ☐ One every few months
    - ☐ One per year
    - ☐ Less than one per year

    c. When was your last attack? _____

    d. Do you completely recover in between episodes? ☐ Yes ☐ No

11. What factors trigger or make your dizziness worse?
    - ☐ Rolling over in bed
    - ☐ Standing up
    - ☐ Bending over
    - ☐ Head motion
    - ☐ Fatigue
    - ☐ Exertion
    - ☐ Hunger
    - ☐ Emotional stress
    - ☐ Illnesses
    - ☐ Menstruation
    - ☐ Staining of lifting
    - ☐ Traveling by ☐ Automobile ☐ Boat ☐ Airplane
    - ☐ Walking ☐ Anytime ☐ In the dark

12. Which of the following best describes the severity of your dizziness?
    - ☐ I can still go about my daily activities
    - ☐ I need support to stand up
    - ☐ I must sit down until it goes away
    - ☐ I must lie down

13. Which of the following best describes the progress of your dizziness?
    - ☐ Getting better
    - ☐ Getting worse
    - ☐ Staying the same

14. Do you have any blood relatives with any of the following disorders?
    - ☐ Multiple sclerosis
    - ☐ Otosclerosis
    - ☐ Migraine headaches
    - ☐ Nerve tumors
    - ☐ Dizziness
    - ☐ Hearing loss
    - ☐ Meniere's disease