

# West Tennessee ENT Clinic, P.A.

Dr. Wm. Keith Wainscott & Dr. Karl Studtmann

619 Skyline Dr. • Jackson, Tennessee 38301 • (731) 424-3682

## DIZZINESS QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE ANSWER ALL QUESTIONS

- I. When you are "dizzy" do you experience any of the following sensations?  
PLEASE READ THE ENTIRE LIST FIRST. Then check either the first box for YES or the second box for NO to describe your feelings most accurately.

YES NO

- 1. Lightheadedness.
- 2: Swimming sensation in the head.
- 3. Blacking out.
- 4. Loss of consciousness.
- 5. Tendency to fall: To the right?  
  To the left?  
  Forward?  
  Backward?
- 6. Objects spinning or turning around you.
- 7. Sensation that you are turning or spinning inside, with outside objects remaining stationary.
- 8. Loss of balance when walking: Veering to the right?  
  Veering to the left?
- 9. Headache.
- 10. Nausea.
- 11. Vomiting.
- 12. Pressure in the head.
- 13. Other: Explain \_\_\_\_\_

- II. Please check the box for either YES or NO and fill in the blank spaces.

YES NO

- 1. When did dizziness first occur? \_\_\_\_\_
- 2. Are you dizzy all the time?
- 3. Does your dizziness occur in attacks?  
  If in attacks: How often? \_\_\_\_\_  
  How long do they last? \_\_\_\_\_
- 4. Can you tell when an attack is about to start?  
  If so, how? \_\_\_\_\_
- 5. Are you completely free of dizziness between attacks?
- 6. Does change of position make you dizzy?
- 7. Do you have trouble walking in the dark?
- 8. When you are dizzy, can you stand up unsupported?
- 9. Do you know of any possible cause of your dizziness?  
  What? \_\_\_\_\_
- 10. Do you know of anything that will:  
  Stop your dizziness or make it better? What? \_\_\_\_\_  
  Make your dizziness worse? What? \_\_\_\_\_  
  Bring on an attack? What? \_\_\_\_\_

( over)

**YES NO**

- 11. Is there any relationship between eating and your dizziness?  
If so, what? \_\_\_\_\_
- 12. Do you think you eat a lot of animal fat?
- 13. Were you exposed to any irritating fumes, paints, etc. at  
the onset of your dizziness? What? \_\_\_\_\_
- 14. Do you have any allergies? What? \_\_\_\_\_
- 15. Did you ever injure your head? When? \_\_\_\_\_  
Were you unconscious? How long? \_\_\_\_\_
- 16. Do you take any medications regularly?  
What? \_\_\_\_\_
- 17. Do you use tobacco in any form?  
How much? \_\_\_\_\_
- 18. Do you think you are under any unusual strain or tension?
- 19. Has anyone in your family had similar dizziness?  
Who? \_\_\_\_\_

**III. Do you have any of the following symptoms? Check either YES or NO and CIRCLE ear involved.**

**YES NO**

- 1. Difficulty in hearing? Both ears Right Left
- 2. Noise in your ears? Both ears Right Left  
Describe the noise \_\_\_\_\_
- Does noise change with dizziness? If so, how? \_\_\_\_\_
- 3. Fullness, stuffiness or pressure in your ears?  
Both ears Right Left  
Does this change when you are dizzy?
- 4. Pain in your ears? Both ears Right Left
- 5. Discharge from your ears?  
Both ears Right Left
- 6. Have you ever been exposed to loud noise?  
When? \_\_\_\_\_ How Long? \_\_\_\_\_
- Did you wear sound protection?
- 7. Has anyone in your family had a hearing problem?  
Who? \_\_\_\_\_

**IV. Have you experienced any of the following symptoms? Please check either YES or NO and CIRCLE either CONSTANT or IN EPISODES.**

**YES NO**

- 1. Double vision Constant In episodes
- 2. Blurred vision Constant In episodes
- 3. Blindness Constant In episodes
- 4. Numbness of your face Constant In episodes
- 5. Numbness of your arms or legs Constant In episodes
- 6. Weakness in your arms or legs Constant In episodes
- 7. Clumsiness in your arms or legs Constant In episodes
- 8. Mental confusion Constant In episodes
- 9. Loss of consciousness Constant In episodes
- 10. Difficulty with speech Constant In episodes
- 11. Difficulty with swallowing Constant In episodes

**HAVE YOU ANSWERED EACH QUESTION EITHER YES OR NO?**