

DIZZINESS QUESTIONNAIRE

NAME _____

DATE _____

- 1) When did your dizziness first occur?
 - A. _____ days ago.
 - B. Less than one week ago.
 - C. 1 to 2 weeks ago.
 - D. 3 to 4 weeks ago.
 - E. 1 to 2 months ago.
 - F. Several (2 to 6) months ago.
 - G. 6 to 12 months ago.
 - H. 1 to 2 years ago.
 - I. Several (2 to 6) years ago.
 - J. 6 to 10 years ago.
 - K. 10 to 20 years ago.
 - L. More than 20 years ago.
- 2) Is the dizziness A. constant or B. in attacks?
- 3) If in attacks or episodes, how frequently do the episodes typically occur? On the average
 - A. Once a week.
 - B. Once a month.
 - C. Once a year.
 - D. Every 3 to 6 months.
 - E. Once a day.
 - F. Several times each day.
- 4) How long does a typical attack last?
 - A. Less than one minute.
 - B. Several minutes.
 - C. 1 to 2 hours.
 - D. Several hours.
 - E. Days.
 - F. Weeks.
- 5) What is the longest attack that you have ever had?
 - A. Less than one minute.
 - B. Several minutes.
 - C. 1 to 2 hours.
 - D. Several hours.
 - E. Days.
 - F. Weeks.
- 6) Yes No Is there anything which you do which seems to cause an attack to begin?
- 7) Yes No Does changing position bring on the dizziness?
- 8) Yes No When you are dizzy, do you need to support yourself while standing?
- 9) Yes No When you are dizzy do you have any trouble walking in the dark?
- 10) Yes No Do you have a sensation that you or objects are spinning around you?
- 11) Yes No Do you have a sensation that you are spinning or turning inside, with outside objects remaining stable?
- 12) Yes No When you are dizzy do experience any lightheadedness or swimming sensation in the head?
- 13) Yes No When you are dizzy have you ever experienced any blacking out or loss of consciousness?
- 14) Yes No When you are dizzy do experience any tendency to fall?
 - A. To the right.
 - B. To the left.
 - C. Both to right and left.
 - D. Forward.
 - E. Backwards.
 - F. Forward and backwards.
 - G. All directions.
- 15) Yes No Do you have any loss of balance while walking when you are dizzy?
- 16) Yes No Do you veer to the right while walking?
- 17) Yes No Do you veer to the left while walking?

- 18) Yes No Do you feel like the ground is moving up and down while walking?
- 19) Yes No Have you ever become dizzy while lifting a heavy weight?
- 20) Yes No Do you have any headaches associated with the dizziness?
- 21) Yes No Do you have any nausea associated with the dizziness?
- 22) Yes No Have you ever vomited while dizzy?
- 23) Yes No Does the vertigo occur at any particular time day or night? When? _____
- 24) Yes No Are you completely free of dizziness between attacks?
- 25) Yes No Do you have any warning that an attack is going to start?
- 26) Yes No Does change of position make you dizzy?
- 27) Yes No Do you know any possible causes of the dizziness? What? _____
- 28) Yes No Do you know of anything which will start or precipitate an attack?
- 29) Yes No Do you know anything that will make your dizziness worse?
- 30) Yes No Do you know anything that will stop your dizziness or make it better?
- 31) Yes No Have you had any recent exposure to any irritating paints, fumes, etc?
- 32) Yes No Have you ever had a TIA (transient ischemic attack) or a stroke?

Have you ever experienced any of the following symptoms?

- 33) Yes No Numbness of the face?
- 34) Yes No Numbness of the arms or legs?
- 35) Yes No Weakness of the arms?
- 36) Yes No Weakness of the legs?
- 37) Yes No Clumsiness?
- 38) Yes No Confusion?
- 39) Yes No Difficulty with speech?
- 40) Yes No Difficulty with swallowing?
- 41) Yes No Double vision?
- 42) Yes No Blurred vision?
- 43) Yes No Visual loss?
- 44) Yes No Loss of consciousness?

Do you have any of the following symptoms? Please check the appropriate answer.

- 45) Difficulty in hearing? A. No B. Both ears C. Right ear D. Left ear
- 46) Change in hearing/hearing loss associated with the dizziness? A. No B. Both ears C. Right ear D. Left ear
- 47) Noise in the ears? A. No B. Both ears C. Right ear D. Left ear
- 48) Yes No Is the ringing or noise in the ears associated with the dizziness?
- 49) Yes No Fullness/Pressure in the head associated with the dizziness?
- 50) Yes No Discharge from the ears?
- 51) Yes No Pain in the ears?
- 52) Yes No Have you ever had any tests to determine the cause of your dizziness?
- 53) Yes No Do you have any neurologic problems?