

# SOUND SOLUTIONS HEARING & BALANCE CENTERS

## DIZZINESS QUESTIONNAIRE

Please answer all of the following questions by circling the appropriate response or by filling in relevant blanks.

### CHARACTERIZE YOUR DIZZINESS

- Yes No 1. Lightheadedness, faintness, giddiness.  
Yes No 2. Unsteadiness.  
Yes No 3. I or my surroundings seem to be moving.  
Yes No 4. I am able to go on with my usual activities while dizzy.  
Yes No 5. I am able to go on with only some of my usual activities while dizzy.  
Yes No 6. I am completely incapacitated and must go to bed while dizzy.

### ONSET AND COURSE

7. Date of first dizziness \_\_\_\_\_.  
Yes No 8. My dizziness is constant.  
Yes No 9. My dizziness comes in attacks.  
10. If in attacks, how often? hourly daily weekly monthly  
11. How long do they last? Seconds minutes hours days  
Yes No 12. My dizziness comes on suddenly & without warning.  
Yes No 13. My dizziness comes on gradually.  
Yes No 14. I am completely free of dizziness between attacks.  
Yes No 15. I can tell when an attack is about to start.  
Describe how \_\_\_\_\_
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### ASSOCIATED SYMPTOMS

- Yes No 16. Nausea or vomiting?  
Yes No 17. Sweating?  
Yes No 18. Deafness or difficulty hearing? right ear left ear both ears  
Yes No 19. Any noises (buzzing or ringing in ears)? right ear left ear both ears  
Yes No 20. Change in the noise with dizziness?  
Yes No 21. Fullness or pain in ears? right ear left ear both ears  
Yes No 22. Drainage from ears? right ear left ear both ears  
Yes No 23. Tendency to fall? right left either  
Yes No 24. Tendency to veer when walking? right left either

Yes No 25. Headache or pressure in head? during after almost always  
Where? \_\_\_\_\_

Yes No 26. Double vision, blurred vision or blindness?

Yes No 27. Weakness or clumsiness in arms or legs?

Yes No 28. Difficulty with speech or swallowing?

Yes No 29. Blackouts, loss of consciousness, confusion or loss of memory?

Yes No 30. Rapid heartbeat or palpitations?

Yes No 31. Shortness of breath during the attack?

Yes No 32. Numbness or tingling of face, fingers or toes?

Yes No 33. Pain or stiffness of neck?

### EXACERBATING AND REMITTING FACTORS

Yes No 34. Does turning your head bring on or make your dizziness worse?  
Which direction? \_\_\_\_\_

Yes No 35. Does lying down or sitting up bring on your dizziness?

Yes No 36. Does standing up bring on your dizziness?

Yes No 37. Do you find it especially difficult to walk in the dark?

Yes No 38. Could there be any relationship between your dizziness and tension or  
anxiety in your life? Explain: \_\_\_\_\_

Yes No 39. Can you think of anything that triggers your attack or make it  
worse?

Explain: \_\_\_\_\_

Yes No 40. Do you know of anything that will stop or make your dizziness better?  
What? \_\_\_\_\_

### PRESENT/PAST MEDICAL HISTORY

Yes No 41. Have you ever had a concussion, skull fracture, or been knocked  
unconscious? \_\_\_\_\_

Yes No 42. Have you ever had whiplash or do you have a neck disease?

Yes No 43. Do you have an eye disorder or wear glasses? \_\_\_\_\_

Yes No 44. Have you ever had an ear infection or other ear disease?

Yes No 45. Had you been taking prescription or nonprescription medications  
regularly before your dizziness started?

If so, list them \_\_\_\_\_

\_\_\_\_\_

Yes No 46. Do you have any allergies? To what? \_\_\_\_\_

Yes No 47. Have you in the past or do you now smoke? \_\_\_\_\_  
Packs per day \_\_\_\_\_ Years \_\_\_\_\_

