

# Central Coast Otolaryngology

## 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?

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- 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?