

Ear, Nose and Throat Consultants
Dizziness Questionnaire

Name: _____ Date: _____

Balance problems are hard to describe. Please think about and answer the following questions. **Try to answer each question.** Don't worry if you are uncertain.

Describe, as best you can, the sensation of dizziness or imbalance. For example, feeling faint, lightheaded, off-balance, or spinning. **DO NOT USE THE WORDS DIZZY OR VERTIGO)**

When was the first time this happened? _____

What were you doing at that time? _____

Do any of the following trigger a spell? 1) Change in head position _____

2) Change in body position _____

3) Loud noise Yes No

4) Foods Yes No

5) Menstrual Cycle Yes No

Is this dizziness constant or does it occur in spells? _____

How long do the spells last? _____

Do any of the following **occur with the spells:** Changes in hearing? Yes No

Noises in one or both ears? Yes No Nausea? Yes No

Pressure in one or both ears? Yes No Vomiting? Yes No

Diarrhea? Yes No

Are there other symptoms during the spells? Please describe: _____

Is one ear worse than the other? Right Left Both are the same

Do you have headaches? Yes No If yes, how often? _____

Describe a typical headache: _____

Do you have any ear or hearing problems? If yes, please describe: _____

Does anyone in your family have hearing or balance problems? Yes No

Meniere's disease? Yes No

Do you have any problems with: Weakness of any body part? Yes No

Swallowing? Yes No Speech? Yes No Vision? Yes No

Numbness or tingling? Yes No

If yes to any of the above, please describe: _____

Reviewed by : _____ MD

J. Brown T. Costello A. Doolittle K. Gallivan E. Mcdonald (PA-C) B. Crane (PA-C)