



Dizziness Questionnaire

Patient Name: _____

Date of Birth: _____

- 1) Please choose the type of problem that most closely resembles yours in terms of how it feels. We have described several types of “dizziness” or balance problems that most people would understand or have experienced as a reference:
 - a. The feeling you get when you suddenly stand after sitting for hours. It is a lightheadedness that typically clears in 10-20 seconds and might be severe enough to feel like you are about to black-out.
 - b. The feeling you get when someone spins you on a stool or in a chair, for example, then asks you to stand up. It is a spinning feeling that often causes you to fall to one particular side.
 - c. The disoriented feeling you get when you are in a car next to a truck that starts to roll. You suddenly feel as if you are moving backward when really you are not.
 - d. The uncoordinated “drunk” feeling of not being able to walk in a coordinated way despite your efforts. This does not require actually feeling drunk or intoxicated, only the clumsy or feeling that accompanies it.
 - e. A feeling of unsteadiness when walking or getting in and out of cars for example. The need to hold onto someone when walking on uneven pavement or when the lights are dim.

2) Do you feel like this all the time, most of the time, daily, frequently, occasionally, rarely or only once so far?

3) How long do your episodes last? Please use units of time (for example, 1-2 minutes)

4) When was the first time you noticed this feeling?

5) Is the problem staying the same, worsening with time, improving with time, or highly unpredictable? _____



- 6) What other symptoms have you noticed that accompany your dizzy spells?
- Hearing loss that worsens during the episode?
 - Noises or ringing in the ears that worsens around the time of the episode?
 - Fullness or pressure in the ears during the episode?
 - Headache?
 - Double vision or other vision problems?
 - Nausea or vomiting?
 - The sensation that bright lights are uncomfortable and worsen the problem?
 - Other, please specify: _____
 - How would you rate the severity of your attacks? ___mild ___moderate___ severe.
- 7) If you are a female are you still at an age when you are having menstrual periods? Y / N / Not Applicable