



Dizziness History Questionnaire

Patient Name: Robert L. Smith Age: 69 Date: 12/30/2012

WHEN was the first time ever in your life you had dizziness? _____

WHAT were the circumstances? _____

WHEN was the last time you experienced dizziness? _____

WHAT were the circumstances? _____

Currently, my dizziness...

- is constant.
- is always there, but changes in intensity.
- comes and goes.

If comes and goes:

How long does it typically last? ____ seconds / minutes / hours (Circle ONE)
 How often does it typically occur? ____ times per: hour / day / week / month / year

My dizziness mostly consists of...(Check ALL that apply)

- spells of spinning with nausea.
- off-balance sensation without dizziness.
- a light-headed or near faint sensation.
- other. Please explain _____

Between episodes I feel...(Check ONE)

- dizzy or off balance all the time.
- normal.
- other. Please explain _____

My episodes occur...(Check ALL that apply)

- spontaneously. Nothing I do seems to bring them on or turn them off.
- only when standing or walking.
- in relation to any head motion.
- in relation to only certain head positions. Please describe _____

When I roll over in bed...(Check ONE)

- nothing unusual happens.
- the room seems to spin sometimes.
- the room spins every time.

Is there anything that you can do to make you dizziness go away? (sit, lay down, close eyes...)

Please explain: _____

Circle all that apply:

I have hearing difficulty RightLeft.....Both
 I have ringing or other sounds RightLeft.....Both
 I have fullness RightLeft.....Both
 I have had ear surgery RightLeft.....Both

Circle YES or NO

Did you have cold, flu or virus type symptoms shortly before the onset of your dizziness? YES / NO

Did you cough, lift, sneeze, fly in a plane, swim under water or have a head trauma shortly before the onset of your dizziness? YES / NO

If you had head trauma prior to your dizziness, did you lose consciousness completely? YES / NO

Were you exposed to any irritating fumes, paints, etc. at the onset of your dizziness? YES / NO

Do you get dizzy when you have not eaten for a long time? YES / NO

Is your dizziness connected with your menstrual period? YES / NO

Did you get new glasses recently? YES / NO

I consider myself to be an anxious or tense type of person... YES / NO

I am under a great deal of stress... YES / NO

In the past year I have had...(Check ALL that apply)

- loss of consciousness occasional loss of vision
- seizures or convulsions severe pounding headache or
- slurring of speech migraine
- difficulty swallowing palpitations of the heartbeat
- weakness in one hand, arm or leg tingling around mouth
- double vision tendency to fall
- spots before the eyes loss of balance when walking

I have or have had...(Check ALL that apply)

- Diabetes Stroke
- High blood pressure Migraine headaches
- Arthritis A neck and/or back injury
- Irregular heartbeat Allergies

Please check below for any MEDICATIONS you have tried FOR DIZZINESS or are currently taking:

	Taken in past	Taking now	Helps
Antivert (Meclizine)	___	___	___
Valium (Diazepam)	___	___	___
Dyazide "water pills"	___	___	___

Have you ever been previously evaluated for dizziness? _____