



DIZZINESS QUESTIONNAIRE

Please answer the following questions:

1. Describe what you are experiencing:

Spinning Lightheaded Passing out Drunk feeling Other: _____

2. How long does the dizziness last?

Few Seconds Seconds to minutes Minutes to several hours
Hours to days Continuous Other: _____

3. How often do you get dizzy?

Only once More than once Frequency: _____

4. When do your attacks occur?

Standing up Head Movements Loud sounds Sneezing Straining
Rolling over in bed Stress Diet Other: _____

5. Do any of the following occur with your typical attacks?

Hearing Loss Ringing in the ears Headaches Facial numbness
Anxiety Change of Vision Pain
Other: _____

6. What medications are you currently taking?



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7. I have the following medical problems:

Diabetes Strokes Hypertension Coronary artery disease
Visual difficulty Seizures Migraines
Psychiatric disease: _____

8. Have you ever had any of the following?

Intravenous antibiotics Radiation Therapy Ear surgery
Chemotherapy Syphilis Noise Exposure

9. The level of my disability from dizziness is best described as :

- I am able to work , drive, and feel no ill effects from my dizziness
- I can continue to function with my dizziness' by not optimally
- I need to stop when dizzy, but can return to work soon thereafter
- I am incapacitated for extended periods of time because of the dizziness
- I am unable to leave the house
- I am disabled

10. Does anyone in the family have:

Migraines Meniere's disease Neurologic Disorder Anxiety/ Depression
Hearing Loss

11. Has the dizziness changed since the first episode? YES NO

If Yes : Better----Worse

Shorter----Longer