All required questions must be answered.

1. Who referred you here? (required)

2. When did the dizziness first occur? (required)

3. Were you ill or had any injuries close to the time of your first dizziness experience?
   _____ Yes
   _____ No

   Additional Comments:

4. How would you describe the dizziness? (required)
   ____ Spinning
   ____ Lightheadedness
   ____ Off Balance
   ____ Unsteady
   ____ Rocking
   ____ Dysequilibrium- Sensation of falling to one side
   ____ Motion Sickness

   Additional Comments:
5. Is the dizziness CONSTANT or does it come in ATTACKS? (required)
   ___ Constant
   ___ Attacks

Additional Comments:

6. If the dizziness comes in attacks, how often do these attacks occur?
   ___ Daily
   ___ Weekly
   ___ Monthly
   ___ Other

Additional Comments:

7. If the dizziness occurs in attacks, how long do the attacks last?
   ___ Less than 1 minute
   ___ 1-5 minutes
   ___ 6 minutes
   ___ Several hours
   ___ One day
   ___ Several days
   ___ Other

Additional Comments:
8. If your dizziness occurs in episodes, are you completely free of dizziness between attacks? If NO, briefly explain.

___ Yes
___ No Explain:

9. What factors provoke the dizziness or make the dizziness worse?

___ Sitting up / Lying back
___ Rolling over
___ Looking up/down
___ Quick head turns
___ Objects moving by
___ Other

Additional comments:

10. Does anything make the dizziness better? If YES, briefly explain

___ Yes, explain:
___ No

11. Any ringing, buzzing or roaring sounds (tinnitus) in either ear with dizzy attacks or since dizziness began?

___ Ringing
___ Buzzing
___ Hissing
___ Roaring
___ No
12. If experiencing tinnitus during dizzy attacks or since becoming dizzy, in which ear do you experience the tinnitus?

___ Both
___ Right
___ Left

13. What other symptoms accompany the dizziness?

___ Nausea
___ Vomiting
___ Ear pressure or fullness
___ Hearing loss
___ Migraine
___ Other

14. Do you have any history of neurological disease such as migraine, multiple sclerosis, or stroke? If YES, please explain.

___ Yes   Explain:

___ No

15. Are there any other symptoms associated with the dizziness such as visual changes, numbness or tingling in the arms or legs, weakness in the arms or legs, or changes in speech?

16. Do you have a history of any of the following conditions?

___ Intravenous antibiotics
___ Chemotherapy
___ Tobacco use
___ Diabetes
___ Neck/back discomfort or injury
___ Vision problems
___ Heart problems
___ High blood pressure
___ Chronic ear drainage
___ Ear drum perforation
___ Chronic ear pain

17. Has your dizziness caused you to fall? How often?

18. Have you had any previous balance testing with an audiologist? If yes, when?
   ___ Yes
   ___ No
   ___ Not Sure
   
   Additional Comments:

19. With time, is your level of dizziness…
   ___ Staying the same
   ___ Getting worse
   ___ Getting better
20. What medications are you currently taking?

21. Do you take any of the following medication regularly?
   ___ Allergy pill
   ___ Decongestant
   ___ Antihistamine
   ___ Aspirin
   ___ Dizziness medication
   ___ High blood pressure medication
   ___ Tranquilizers
   ___ Pain pills
   ___ Antibiotics