



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



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- 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