



VERTIGO QUESTIONNAIRE

Name: _____ Date: _____

When did your dizziness first occur? _____

Please read and CIRCLE yes or no to describe your feelings most accurately, then fill in the blanks where necessary.

When you are “dizzy” do you experience any of the following sensations?

- YES NO Lightheadedness
YES NO Swimming sensation in the head
YES NO Blacking out
YES NO Loss of consciousness
YES NO Tendency to fall: To the right, to the left, forward, backward
YES NO Objects spinning or turning around you
YES NO Sensations that you are turning or spinning inside, with objects remaining stationary
YES NO Loss of balance when walking: Veering to the right, left
YES NO Nausea or vomiting
YES NO Are you completely free of dizziness between attacks?
YES NO Do changes of position make you dizzy?
YES NO Do you have trouble walking in the dark?
YES NO Do you know of any possible cause of your dizziness?
If so, what? _____

Do you know of anything that will:

- YES NO Stop your dizziness or make it better? _____
YES NO Make your dizziness worse? _____

YES NO Do you have any allergies?
If so, what? _____

YES NO Did you ever injure your head?
If so, were you unconscious? YES NO

YES NO Do you take medications regularly?

If so, what? _____
Continued on back

YES NO Do you use tobacco in any form?
If so, what and how much? _____

Do you have any of the following symptoms? CIRCLE yes or no to which ear is involved.

YES	NO	Difficulty in hearing	RIGHT	LEFT
YES	NO	Noise in your ears	RIGHT	LEFT
YES	NO	Please describe the noise _____		
YES	NO	Does the noise change with dizziness? If so, how? _____		
YES	NO	Fullness or stuffiness in your ears	RIGHT	LEFT
YES	NO	Does this change when you are dizzy? If so, how? _____		

Have you experienced any of the following symptoms?

Please CIRCLE yes or no and if constant or in episodes

YES	NO	Double vision	CONSTANT	IN EPISODES
YES	NO	Numbness of face or extremities	CONSTANT	IN EPISODES
YES	NO	Blurred vision or blindness	CONSTANT	IN EPISODES
YES	NO	Weakness in arms or legs	CONSTANT	IN EPISODES

