LeMay HEARING & BALANCE

Patient Questionnaire for Dizziness

Name _____ Age _____ Date _____

Main Occupation _____ Additional Occupation _____

1. When did your **FIRST** episode of dizziness occur? _____
2. What were you doing when you had your **FIRST** dizzy spell? _____
3. How long did your **FIRST** episode last? _____
4. Have subsequent dizzy episodes been as severe as the first? ☐ Yes ☐ No
5. Were you ill during or shortly before (within 6 weeks) your first dizzy spell? ☐ Yes ☐ No
6. Do you have a history of any of the following?
   - ☐ Major head trauma (involving loss of consciousness)
   - ☐ Seizure disorder
   - ☐ Syphilis
   - ☐ Infections requiring hospitalization
   - ☐ Tuberculosis
   - ☐ Migraines
   - ☐ High blood pressure
   - ☐ Diabetes
   - ☐ Stroke
   - ☐ Thyroid disorder
   - ☐ Elevated cholesterol
   - ☐ Heart disease
7. How would you describe your dizziness?
   - ☐ Lightheadedness
   - ☐ Spinning
   - ☐ Unsteadiness
   - ☐ Swimming, floating or motion sensation
8. Do you have any of the following symptoms during dizzy spells?
   - ☐ Nausea
   - ☐ Vomiting
   - ☐ Ear pressure: ☐ Left ☐ Right ☐ Both
   - ☐ Ear ringing: ☐ Left ☐ Right ☐ Both
   - ☐ Hearing loss: ☐ Left ☐ Right ☐ Both
   - ☐ Ear pain: ☐ Left ☐ Right ☐ Both
   - ☐ Ear drainage: ☐ Left ☐ Right ☐ Both
   - ☐ Auras (warning symptoms)
   - ☐ Loss of consciousness
   - ☐ Headache
   - ☐ Double vision
   - ☐ Falling toward: ☐ Left ☐ Right ☐ Forward ☐ Backward
   - ☐ Numbness: ☐ Face ☐ Arms ☐ Legs ☐ Other
   - ☐ Weakness: ☐ Face ☐ Arms ☐ Legs ☐ Other
   - ☐ Difficulty with speech
   - ☐ Difficulty with swallowing

9. Is your dizziness constant (continuous day and night)? ☐ Yes ☐ No

10. Does your dizziness come in attacks or waves? (If no, skip to next question.) ☐ Yes ☐ No

a. How long does a typical attack last?
- ☐ A split second
- ☐ Less than one minute
- ☐ Several minutes
- ☐ One to eight hours
- ☐ More than eight hours

b. How often are your attacks on average?
- ☐ Many times per day
- ☐ Every day
- ☐ One or more per week
- ☐ At least one each month
- ☐ One every few months
- ☐ One per year
- ☐ Less than one per year

c. When was your last attack? _____

d. Do you completely recover in between episodes? ☐ Yes ☐ No

11. What factors trigger or make your dizziness worse?
- ☐ Rolling over in bed
- ☐ Standing up
- ☐ Bending over
- ☐ Head motion
- ☐ Fatigue
- ☐ Exertion
- ☐ Hunger
- ☐ Emotional stress
- ☐ Illnesses
- ☐ Menstruation
- ☐ Straining or lifting
- ☐ Traveling by: ☐ Automobile ☐ Boat ☐ Airplane
- ☐ Walking: ☐ Anytime ☐ In the dark

12. Which of the following best describes the severity of your dizziness?
- ☐ I can still go about my daily activities
- ☐ I need support to stand up
- ☐ I must sit down until it goes away
- ☐ I must lie down

13. Which of the following best describes the progress of your dizziness?
- ☐ Getting better
- ☐ Getting worse
- ☐ Staying the same

14. Do you have any blood relatives with any of the following disorders?
    - ☐ Multiple sclerosis
    - ☐ Otosclerosis
    - ☐ Migraine headaches
    - ☐ Nerve tumors
    - ☐ Dizziness
    - ☐ Hearing loss
    - ☐ Meniere's disease

15. Please describe what your dizziness feels like. _____

16. Please describe your vision. _____

17. When was your last vision test? _____

18. What is the name of your optometrist and their practice? _____