Eisenhower Balance Institute

DIZZINESS QUESTIONNAIRE

Date: ______________________________

Patient's Name: ____ DOB: ______________________

When you are "DIZZY" , Have you experienced any of the following? (Please check YES or NO)

Light Headedness?	□ YES □ NO
Swimming sensation in the head	□ YES □ NO
Blacking out or loss of consciousness?	□ YES □ NO
Head or neck injury?	□ YES □ NO
Headache or pressure in the head?	□ YES □ NO
Objects spinning or turning/spinning inside with outside objects remaining stationary?	□ YES □ NO
Loss of balance when walking? Veering to the right? Veering to the left?	□ YES □ NO □ YES □ NO □ YES □ NO
Nausea or vomiting	□ YES □ NO
Noises in the Ears? Both ears? Right ear? Left ear?	□ YES □ NO □ YES □ NO □ YES □ NO □ YES □ NO
Fullness or stuffiness in ears? Both ears? Right ear? Left ear?	□ YES □ NO □ YES □ NO □ YES □ NO □ YES □ NO
Is your dizziness constant?	□ YES □ NO

Is your dizziness in attacks? □ YES □ NO If "YES", how often do they occur? ______________________
How long do they last? ______________________________ Do you have any warning? □ YES □ NO

Are you completely free of dizziness between attacks	□ YES □ NO
Does your dizziness occur only in certain positions?	□ YES □ NO
Do you have trouble walking in the dark?	□ YES □ NO
When you are dizzy, must you support yourself when standing?	□ YES □ NO
Do you get dizzy after exertion or overwork?	□ YES □ NO
Did you get new glasses recently?	□ YES □ NO
Do you tend to get upset easily?	□ YES □ NO
Do you get dizzy when you have not eaten for a long time?	□ YES □ NO
Is your dizziness connected with your menstrual period	□ YES □ NO

Do you know any possible cause for your dizziness? (please explain): ______________________________
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Do you know of anything that will stop your dizziness or make it better? ______________________________
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Do you know of anything that will make your dizziness better? ______________________________
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Do you know of anything that will precipitate an attack? ______________________________
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