

# VERTIGO QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. How long have you been dizzy? \_\_\_\_\_
2. Is the dizziness continual or intermittent? \_\_\_\_\_
3. Does the dizziness make you nauseated or vomit? \_\_\_\_\_
4. When do you become dizzy? \_\_\_\_\_
5. What makes you dizzy? \_\_\_\_\_
6. Do you become dizzy when you suddenly sit or stand up? \_\_\_\_\_
7. Do you become dizzy when turning over in bed or when looking upward? \_\_\_\_\_  
\_\_\_\_\_
8. Is your dizziness more like spinning, whirling, or is it more like lightheadedness? \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever blacked out, lost consciousness or fainted with dizziness? \_\_\_\_\_
10. Do you have a hearing loss? \_\_\_\_\_
11. Which ear? \_\_\_\_\_
12. How long have you had a hearing loss? \_\_\_\_\_
13. Is your hearing getting worse? \_\_\_\_\_
14. Does your hearing loss fluctuate or change or is it a steady hearing loss? \_\_\_\_\_
15. Do you have ringing in your ears? \_\_\_\_\_
16. Which ear? \_\_\_\_\_
17. How long? \_\_\_\_\_
18. Do you have pressure or fullness in your ears? \_\_\_\_\_
19. Which ear? \_\_\_\_\_
20. How long? \_\_\_\_\_
21. Have you ever had any previous ear operations? \_\_\_\_\_
22. What kind of surgery was performed? \_\_\_\_\_
23. For what reason? \_\_\_\_\_
24. When was the operation done? \_\_\_\_\_
25. Have you ever had any ear injuries? \_\_\_\_\_

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26. Have you ever had chronic ear mastoid infection? \_\_\_\_\_
27. Have you ever had a skull fracture, concussion, or significant head injury? \_\_\_\_\_
28. Have you ever had any neurological diseases? \_\_\_\_\_  
Stroke? epilepsy or seizures? migraine headaches? \_\_\_\_\_
29. Have you ever had any undiagnosed chronic illness? \_\_\_\_\_
30. List all medications. \_\_\_\_\_  
Name of drug? \_\_\_\_\_  
Dosage or strength (frequency that you take the drug)? \_\_\_\_\_  
Length of time that you have been taking this medication? \_\_\_\_\_
31. Is the dizziness associated with double vision, or blurred vision? \_\_\_\_\_  
\_\_\_\_\_
32. Does the dizziness occur with headaches? \_\_\_\_\_
33. Does it occur with numbness of the lips, fingertips, or sensation of shortness of breath, anxiousness or nervousness, or tightness or pressure in your chest? \_\_\_\_\_
34. Have you ever been treated for hyperventilation syndrome? \_\_\_\_\_
35. Have you ever been treated for chronic nervousness, chronic depression or anxiety? \_\_\_\_\_
36. Have you ever had high blood pressure, cardiac disease, disturbance in the rhythm or rate of the heart beat? \_\_\_\_\_  
\_\_\_\_\_
37. Have you ever had a heart attack or angina? \_\_\_\_\_
38. Do you have any history of diabetes, hypoglycemia, elevation of the cholesterol or blood lipids (fat levels) \_\_\_\_\_  
\_\_\_\_\_
39. Do you have any history of thyroid diseases or history of any endocrin (grandular diseases)? \_\_\_\_\_
40. Has any other physician ever treated you for dizziness? \_\_\_\_\_  
\_\_\_\_\_
41. When, the diagnosis, recommendations? \_\_\_\_\_  
\_\_\_\_\_
42. Have you ever had any arthritis of the neck, injury to the neck, or any whiplash injury? \_\_\_\_\_  
\_\_\_\_\_