Audiology Associates of North Florida
a Division of Tallahassee Ear, Nose & Throat

DIZZY QUESTIONNAIRE

NAME: _____ **DOB:** _____

DATE: _____

Please answer to the best of your ability. All questions may not apply to your symptoms. The audiologist performing your test will discuss your answers in greater detail.

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

☐YES ☐NO Lightheadedness

☐ YES ☐NO Spinning sensation

☐ YES ☐NO Loss of balance when walking

☐ YES ☐NO Loss of balance to the point of falling

☐ YES ☐NO Nausea or vomiting

☐ YES ☐NO Headache

How would you describe your symptoms without using the word "dizzy"?

_____

_____

My dizziness is:

☐ YES ☐NO Constant

☐ YES ☐NO In attacks

When did the dizziness first occur? _____

How long does the dizziness last? Seconds ☐ Minutes ☐ Hours ☐ Days ☐

When was the last attack? _____

☐ YES ☐NO Have you recently had a cold or viral episode

☐ YES ☐NO Are you completely free of dizziness between attacks

☐ YES ☐ NO Do changes in position make you dizzy

☐ YES ☐ NO Do you have trouble walking in the dark

☐ YES ☐ NO Do objects seem to bounce up and down when you walk

Do you know of any possible cause for your dizziness? _____
_____

Do you know of anything that will:

☐ YES ☐ NO Make your dizziness better
If yes, what? _____

☐ YES ☐ NO Make your dizziness worse
If yes, what? _____

☐ YES ☐ NO Do your symptoms seem to be helped by medication?
If yes, what medication? _____

List the medications you are taking and any health issues you may have: _____
_____
_____
_____
_____
_____

Do you have any of the following symptoms?

☐ YES ☐ NO Difficulty hearing ☐ Both ears ☐ RIGHT ☐ LEFT

☐ YES ☐ NO Noise in your ears ☐ Both ears ☐ RIGHT ☐ LEFT

If yes, does the noise change with your dizziness? Yes ☐ No ☐

☐ YES ☐ NO Fullness in your ears ☐ Both ears ☐ RIGHT ☐ LEFT

If yes, does it change with your dizziness? Yes ☐ No ☐

Have you experienced any of the following?

☐ YES ☐ NO Pain in the back or shoulders

☐ YES ☐ NO Difficulty with speech or swallowing

☐ YES ☐ NO Double vision, blurred vision or blindness