

DIZZINESS QUESTIONNAIRE

1. “Dizziness” means different things to different people. Please describe your dizziness in detail without using the word dizzy.
2. When did your symptoms first begin? Do your symptoms come on gradually or suddenly?
3. How often do your symptoms occur? (1/day, 1/week, 1/month, 1/year) When was your last episode of dizziness?
4. Does the dizziness come in episodes, or is it constant? How long does it last?
5. What makes your dizziness improve/subside, and/or what prevents the dizziness?
6. What makes your dizziness worse, or what brings it on/triggers it?
7. Do you have any medical history or health problems? (diabetes, heart disease, neck or back problems, stroke, ear surgery, imaging, previous testing, diagnosis)
8. Please list all medications you have taken in the past month and when you last took them (prescribed or over-the-counter).
9. Do you have headaches? If so, how often? Have they been treated or controlled?
10. Do you feel unsteady or close to falling? Have you fallen? If so, how many times?
11. Do you get dizzy when hearing a loud sound or if you change elevation/pressure/altitude?
12. Do you get dizzy when you lift objects/create intracranial pressure?
13. What do you think is the cause of your dizziness? What have you or other professionals done to diagnose or treat your dizziness?