Patient Questionnaire

PATIENT NAME:_______________________________________

DATE:_____________________

Equilibrium disorders may appear with a variety of symptoms. Some individuals may experience dizziness or vertigo while others may have imbalance or unsteadiness. Please spend a few minutes answering the questions regarding your history and symptoms. Answer the questions to the best of your ability but please be assured that how you answer will not affect your evaluation.

How or when did your problem first occur? ____

How long did it last? ____

1. Do you experience any of the following sensations? Please read the entire list first. Then put an 'x' in either the first box for YES or the second box for NO to describe your feelings most accurately.

YES	NO	
☐	☐	Do you experience motion, air or sea sickness?
☐	☐	Did you have motion sickness as a child?
☐	☐	Do you have a family history of motion sickness? Parent Sibling Child
☐	☐	Do you have migraine headaches?
☐	☐	Were you exposed to any solvents, chemicals, etc.?
☐	☐	Have you ever fallen? How many times? ________
		Where? ___________________________ Inside the home Outside the home
☐	☐	Are you afraid of falling?

2. If you have dizziness, please check the box for either YES or NO, and fill in the blank spaces. If you do not experience dizziness, please go to the next section (3).

YES	NO	
☐	☐	My dizziness is constant? If you answered yes, please go to section 3.
☐	☐	If in attacks, how often? ____
☐	☐	Are you completely free of dizziness between attacks?
☐	☐	Do you have any warning that the attack is about to start?
☐	☐	Is the dizziness provoked by head/body movement? If so, which direction?________________
☐	☐	Is the dizziness worse at any particular time of the day?
		If so, when?____
☐	☐	Do you know of anything that will stop your dizziness or make it better?
		What?____
☐	☐	Do you know of anything that will make your dizziness worse?
		What?____
☐	☐	Do you know of anything that will precipitate an attack?
		What?____
☐	☐	Do you know any possible cause of your dizziness?
		What? ____

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3. Do you experience any of the following sensations? Please read the entire list first then please check the box for either YES or NO to describe your feelings most accurately.

YES	NO	
☐	☐	Light headedness?
☐	☐	Swimming sensation in the head?
☐	☐	Blacking out or loss of consciousness?
☐	☐	Objects spinning or turning around you?
☐	☐	Sensation that you are turning or spinning inside, with outside objects remaining stationary?
☐	☐	Tendency to fall to the right or left?
☐	☐	Tendency to fall forward or backward
☐	☐	Loss of balance when walking, veering to the right?
☐	☐	Loss of balance when walking, veering to the left?
☐	☐	Do you have trouble walking in the dark?
☐	☐	Do you have problems turning to one side or the other?
☐	☐	Nausea or vomiting?
☐	☐	Pressure in the head?

4. Have you ever experienced any of the following symptoms? Please check the box for either YES or NO and circle if Constant or if In Episodes.

YES	NO			
☐	☐	Double vision?	☐ Constant	☐ In Episodes
☐	☐	Blurred vision or blindness?	☐ Constant	☐ In Episodes
☐	☐	Spots before your eyes?	☐ Constant	☐ In Episodes
☐	☐	Numbness of face, arms or legs?	☐ Constant	☐ In Episodes
☐	☐	Weakness in arms or legs?	☐ Constant	☐ In Episodes
☐	☐	Confusion or loss of consciousness?	☐ Constant	☐ In Episodes
☐	☐	Difficulty in swallowing? Tingling around the mouth?	☐ Constant	☐ In Episodes
☐	☐	Difficulty speaking?	☐ Constant	☐ In Episodes

5. Do you have any of the following? Please check the box for either YES or NO and circle the ear involved.

YES	NO				
☐	☐	Difficulty in hearing?	☐ Both Ears	☐ Right Ear	☐ Left Ear
		When did this start? ______________________ Is it getting worse? __________			
		Does the hearing change with your symptoms? If so, how? ______________________			
☐	☐	Noise in your ears?	☐ Both Ears	☐ Right Ear	☐ Left Ear
		Describe the noise? ____			
		Does the noise change with your symptoms? If so, how? ______________________			
☐	☐	Does anything stop the noise or make it better? ______________________			
☐	☐	Fullness or stuffiness in your ears?	☐ Both Ears	☐ Right Ear	☐ Left Ear
		Does this change when you are dizzy? ______________________			
☐	☐	Pain in your ears?	☐ Both Ears	☐ Right Ear	☐ Left Ear
☐	☐	Discharge from your ears?	☐ Both Ears	☐ Right Ear	☐ Left Ear