



Cypress Ridge Professional Center
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DIZZINESS, VERTIGO, & IMBALANCE QUESTIONNAIRE

Patient's Full Name: _____ Date of Birth: ____/____/____
 Age: _____ Today's Date: ____/____/20____ VNG Test Date: ____/____/20____

Circle your complaint(s):

Vertigo

Dizziness

Imbalance

My symptoms started on _____. **My symptoms started around the same time as**
 (situation) _____.

Have you ever experienced any of the following symptoms? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Double vision | <input type="checkbox"/> Confusion or loss of consciousness |
| <input type="checkbox"/> Numbness of face or arms/legs | <input type="checkbox"/> Difficulty with speech |
| <input type="checkbox"/> Blurred vision or blindness | <input type="checkbox"/> Difficulty with swallowing |
| <input type="checkbox"/> Weakness in arms/legs | <input type="checkbox"/> Tingling around the mouth |

My dizziness/vertigo/imbalance feels like (circle):

- | | |
|----------------|--------------|
| Spinning | Falling |
| Tumbling | Lightheaded |
| Cart-wheeling | Passing out |
| Tilting | Heavy Headed |
| Rocking | Foggy |
| Disequilibrium | Other: _____ |

When I'm dizzy I also feel these symptoms (circle):

- | | |
|---------------|--------------|
| Nausea | Hearing Loss |
| Vomiting | Ear Pressure |
| Sweating | Ear Noise |
| Headache | Off balance |
| Mouth Tingle | Other: _____ |
| Eye Twitching | |

If your dizziness appears in attacks...

How often do attacks occur (recurrence)?

How long do attacks generally last (duration range)?

How severe are the events (circle)?
 MILD MODERATE SEVERE

Do you have any warning symptoms prior to dizziness?

If your dizziness is constantly present...

What time of day are symptoms worse?
 AM NOON PM BEDTIME
 BEFORE/AFTER MEAL

Is there anything that helps you feel better?

Is there anything that makes you feel worse?

Is your dizziness specific to a position in bed?
 LEFT SIDE RIGHT SIDE BACK STOMACH

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FAMILY HISTORY

Are there any family members with (circle and label "maternal" or "paternal"):

Balance problems

Ménière's syndrome

Vertigo

Convulsions or seizures

Hearing loss starting at age < 40

Migraine headaches

Otosclerosis

Other known diseases that run in the family? (list) _____

What is your ancestry? (some ancestries are more prone to develop dizziness) _____

PREVIOUS STUDIES:

Circle and Date the tests you have done in the past:

EAR TESTS

ENG/ VNG Caloric test (hot and cold in ear)

Rotary Chair test (spinning test)

ECOG (evoked potentials for Ménière's syndrome)

ABR test (evoked potentials)

Hearing test (audiogram)

Posturography test (balance test)

GENERAL MEDICAL TESTS

Recent general medical checkup

Recent general blood tests (Glucose, blood count, Cholesterol)

Heart testing (EKG, Echo, Stress Test, Holter Monitor)

Tilt table test

NEUROLOGICAL TESTS

Carotid Doppler or cerebral angiogram

Lumbar puncture (spinal fluid examination, spinal tap)

EEG (Brain wave test for seizures)

SCANS/STUDIES

Head: MRI MRA fMRI CT Scan PET

Ear: CT Scan of Inner Ear/Temporal Bone

Sinus: CT Scan X-Ray

Neck: MRI CT Scan X-Ray

Chest: X-Ray

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