

DIZZINESS QUESTIONNAIRE

Patient Name: _____

Date: _____

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

- Feeling of impending loss of consciousness
- Motion sensation- spinning, rocking, or swaying
- Unsteadiness
- Other (please specify) _____

Severity:

- Mild
- Moderate
- Severe

Functional impairment (effect on daily activities):

- Mild; aware of the sensation when present but it does not interfere with daily activities
- Moderate; when present it interferes only with some daily activities
- Severe; when present it interferes with most, but not all, daily activities
- Very severe; when present- unable to carry out any daily activities
- Other; describe _____

Does severity vary from time to time? Yes No

If yes, when? _____

General trend in severity since onset:

- Unchanged
- Increased
- Decreased
- Other (describe)

Duration (this episode only):

Since exact date or time (specify) _____

Length of episode (seconds, minutes, hours, days, etc) _____

Initial pattern of development (how quickly or in what manner the problem developed):

- Unknown
- Almost instantly
- Very rapidly (in seconds or minutes)
- Steadily (over time from hours to years)
- In start and stop fashion (over time from hours to years)
- Other (specify)

Times when the problem is worse (time of day, day of week, season, etc): _____

Is this is a recurrent problem? Yes No

(Dizziness Questionnaire continued)

Patient Name: _____

Setting in which it first occurred:

- None identified
- After a stroke
- After exposure to very loud noise
- After head injury
- Getting out of bed
- Other (describe) _____

Aggravating factors: Is the problem caused by any of the following?

- Rapid change in body position
- Walking
- Standing up
- Other (describe) _____

Associated manifestations: Do any of these symptoms accompany the dizziness?

- Double vision
- Difficulty speaking
- Difficulty swallowing
- Falls caused by dizziness
- Headache
- Hearing loss
- Ringing in the ear
- Loss of consciousness during dizzy attack
- Nausea and vomiting

Previous treatment:

- Epley exercises
- Medication (over-the-counter)
- Prescription medication
- Other (describe) _____