Dizziness History Questionnaire

Patient Name:	Age: Date:
WHEN was the first time ever in your li	life you had dizziness?
WHAT were the circumstances?	
WHEN was the last time you experience	ced dizzinese?
WHAT were the circumstances?	
Currently, my dizziness	ves cases of your sound of your
is constant.	ON SEA &
is always there, but changes in inte	ensity.
comes and goes.	OH VEST YES person with your manatrual period? YES / NO
If comes and goes:	ON VESTIGATION DESIGNATION OF THE VAIO
How long does it typically last? se	econds / minutes / hours (Circle ONE)
	times per: hour / day / week / month / year
My dizziness mostly consists of(0	
spells of spinning with nausea.	hold to each land and a second to each way of the country and a second to each
off-balance sensation without dizzir	iness.
a light-headed or near faint sensati	tion
other. Please explain	taedhaen erit to anodatiqueq gravenava (i.i.
Between episodes I feel(Check Of	
dizzy or off balance all the time.	have the ever less that the past 12 months (now many?
normal.	
other. Please explain	
My episodes occur(Check ALL the	at apply)
spontaneously. Nothing I do seems	
only when standing or walking.	THE ADMINISTRATION OF THE PROPERTY OF THE PROP
in relation to any head motion.	
in relation to only certain head pos	sitions. Please describe
When I roll over in bed(Check ON	NE)
nothing unusual happens.	won grible? Taken in past Taken in past (Aprixipal)
the room seems to spin sometimes.	
the room spins every time.	
is there anything that you can do to	to make you dizziness go away? (sit, lay down, close eyes)

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