

Dizziness History Questionnaire

Patient Name: _____

Age: _____

Date: _____

WHEN was the first time ever in your life you had dizziness? _____

WHAT were the circumstances? _____

WHEN was the last time you experienced dizziness? _____

WHAT were the circumstances? _____

Currently, my dizziness...

☐ is constant.

☐ is always there, but changes in intensity.

☐ comes and goes.

If comes and goes:

How long does it typically last? _____ seconds / minutes / hours (Circle ONE)

How often does it typically occur? _____ times per: hour / day / week / month / year

My dizziness mostly consists of...(Check ALL that apply)

☐ spells of spinning with nausea.

☐ off-balance sensation without dizziness.

☐ a light-headed or near faint sensation.

☐ other. Please explain _____

Between episodes I feel...(Check ONE)

☐ dizzy or off balance all the time.

☐ normal.

☐ other. Please explain _____

My episodes occur...(Check ALL that apply)

☐ spontaneously. Nothing I do seems to bring them on or turn them off.

☐ only when standing or walking.

☐ in relation to any head motion.

☐ in relation to only certain head positions. Please describe _____

When I roll over in bed...(Check ONE)

☐ nothing unusual happens.

☐ the room seems to spin sometimes.

☐ the room spins every time.

Is there anything that you can do to make you dizziness go away? (sit, lay down, close eyes...)

Please explain: _____
