

Circle all that apply:

- I have hearing difficulty Right Left Both
 I have ringing or other sounds Right Left Both
 I have fullness Right Left Both
 I have had ear surgery Right Left Both

Circle YES or NO

Did you have cold, flu or virus type symptoms shortly before the onset of your dizziness? YES / NO

Did you cough, lift, sneeze, fly in a plane, swim under water or have a head trauma shortly before the onset of your dizziness? YES / NO

If you had head trauma prior to your dizziness, did you lose consciousness completely? YES / NO

Were you exposed to any irritating fumes, paints, etc. at the onset of your dizziness? YES / NO

Do you get dizzy when you have not eaten for a long time? YES / NO

Is your dizziness connected with your menstrual period? YES / NO

Did you get new glasses recently? YES / NO

I consider myself to be an anxious or tense type of person... YES / NO

I am under a great deal of stress... YES / NO

In the past year I have had...(Check ALL that apply)

- ☐ loss of consciousness ☐ occasional loss of vision
☐ seizures or convulsions ☐ severe pounding headache or
☐ slurring of speech migraine
☐ difficulty swallowing ☐ palpitations of the heartbeat
☐ weakness in one hand, arm or leg ☐ tingling around mouth
☐ double vision ☐ a fall within the past 12 months (how many? _____, have you been injured? _____)
☐ spots before the eyes ☐ loss of balance when walking

I have or have had...(Check ALL that apply)

- ☐ Diabetes ☐ Stroke
☐ High blood pressure ☐ Migraine headaches
☐ Arthritis ☐ A neck and/or back injury
☐ Irregular heartbeat ☐ Allergies

Please check below for any MEDICATIONS you have tried FOR DIZZINESS or are currently taking:

	Taken in past	Taking now	Helps
Antivert (Meclizine)	_____	_____	_____
Valium (Diazepam)	_____	_____	_____
Dyazide "water pills"	_____	_____	_____

Have you ever been previously evaluated for dizziness? _____