

Dizziness and Vertigo Questionnaire

Name: _____

Place an 'X' in the relevant response(s)

Date: _____

These questions relate to dizziness, unsteadiness, lightheadedness or vertigo:	Yes	No
Have you experienced dizziness or vertigo for more than 3 months?		
Was the onset of your symptoms sudden (not gradual)?		
Are your symptoms constant (not intermittent)?		
If intermittent, are your symptoms related to head movements (eg rolling over in bed, looking up)?		
If intermittent, are your symptoms related to body movement (eg riding in an elevator or a car)?		
If intermittent, are your symptoms related to visual movement (eg scrolling a computer screen)?		
If intermittent, are your symptoms related to standing up after sitting or lying down?		
Are your symptoms accompanied by headache or migraine?		
Are your symptoms associated with changes in pressure or weather?		
Are your symptoms associated with coughing, sneezing, or straining?		
Are your symptoms associated with changes in sound?		
Are your symptoms associated with changes in light?		
How long does an episode last? Seconds: _____ Minutes: _____ Hours: _____ Days: _____		
How frequently do you experience symptoms? _____ per hour: _____ Day: _____ Week: _____ Month: _____ Year: _____		
Do you consider yourself to be under a lot of stress?		
Have you ever lost consciousness with your symptoms (eg fainting)?		
Do nausea, vomiting or sweating accompany your symptoms?		
Have you experienced recent loss or reduction of hearing? AICA		
Do you experience tinnitus (ringing or roaring in your ears) with your symptoms?		
Is there an accompanying sensation of fullness or pain in one or both ears?		
Are your symptoms accompanied by vision changes (eg reduced vision, double vision, blurred vision)?		
Are your symptoms accompanied by numbness around your mouth?		
Are your symptoms accompanied by difficulty swallowing?		
Are your symptoms accompanied by difficulty speaking?		
Are your symptoms accompanied by changes in muscle function, co-ordination or weakness?		
Are your symptoms associated with poor balance (eg tipping, leaning or falling to one side)?		
Are your symptoms worse with your eyes closed or in the dark?		
Do you experience a decrease in sensations in your legs or arms (eg numbness, pins and needles, tingling)?		
Do you have a feeling of being generally unwell (eg fever, night sweats, muscle or joint aches and pains)?		
Have you had a recent ear, nose, sinus or throat infection, or other illness?		
Do you have neck pain or stiffness (restricted movement of your head or neck)?		
Do bright lights bother you?		
Did you experience head or neck trauma before your symptoms started?		
Have you been exposed to toxic substances (eg pesticides, industrial chemicals)?		
When you drink alcohol does it make your symptoms worse?		