Edmonton Ear Clinic

DIZZINESS QUESTIONNAIRE

Please indicate if you experience the following sensations by putting an "X" in either the first box for YES or the second box for NO.

I. How do you feel when you are dizzy?

YES	NO	
☐	☐	Light-headedness
☐	☐	Swimming sensation in the head
☐	☐	Blacking out
☐	☐	Loss of consciousness
☐	☐	Tendency to fall: (circle one) Left Right Backward Forward
☐	☐	Objects spinning or turning around you
☐	☐	Sensation that you are turning or spinning inside with outside objects remaining still
☐	☐	Loss of balance when walking: (circle one) Veering to the right Veering to the left
☐	☐	Headache
☐	☐	Pressure in head or ears
☐	☐	Nausea or vomiting
☐	☐	Unable to walk in a straight line without staggering
☐	☐	Do head movements or movement of objects in your visual field cause dizziness or imbalance?
☐	☐	Other

II. How long does the feeling of dizziness last?

YES	NO	
		1. My dizziness is:
☐	☐	Constant
☐	☐	Lasts seconds to minutes
☐	☐	Lasts minutes to hours
☐	☐	Lasts hours to days
☐	☐	Lasts days to weeks

2. When did the dizziness first occur?
3. How often does the dizziness occur?
4. Do you have any warning that the dizziness is about to start?
5. Are you completely free of dizziness between episodes?

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III. Do any of the following make your dizziness worse?

YES	NO	
☐	☐	Rising to an upright position
☐	☐	Lying down
☐	☐	Turning onto one side whilst lying down
☐	☐	Looking-up
☐	☐	Bending down
☐	☐	Straining or coughing
☐	☐	Loud noise
☐	☐	Menstrual cycle

IV. When you are dizzy, do you experience any of the following?

YES	NO	
☐	☐	Double vision
☐	☐	Blurred vision or blindness
☐	☐	Numbness/tingling of face, arms or legs
☐	☐	Drooping of the face
☐	☐	Weakness in arms or legs
☐	☐	Difficulty with speech
☐	☐	Difficulty with swallowing
☐	☐	Tingling around the mouth
☐	☐	Spots before the eyes
☐	☐	Migraines
☐	☐	Incontinence of urine/faeces

V. Regarding your dizziness, do you recognize/experience any of the following?

YES	NO	
☐	☐	Family history of Meniere's Disease
☐	☐	Pressure or fullness in your ears during dizzy episode
☐	☐	Change in your hearing during dizzy episode
☐	☐	Tinnitus (noise in your ears) getting worse with dizziness

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VI. Answer each question as it pertains to your dizziness only.

YES	NO	
☐	☐	Does your problem interfere with your job or household responsibilities?
☐	☐	Because of your problem, are you afraid to leave your home by yourself?
☐	☐	Because of your problem, do you restrict your travel for business or recreation?
☐	☐	Because of your problem, do you have difficulty getting into or out of bed?
☐	☐	Does your problem significantly restrict your participation in social activities such as going out to dinner, going to movies, dancing, or to parties?
☐	☐	Because of your problem, do you have difficulty reading?
☐	☐	Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?