ENTAA Care
Ear, Nose & Throat, Asthma & Allergy
Audiology & Hearing Instrument Center
Speech & Balance Center

DIZZY QUESTIONNAIRE

NAME:	DATE:
OFFICE: □ ANNAPOLIS □ BALTIMORE □ COLUMBIA □ GLEN BURNIE □ KENT ISLAND □ LAUREL □ ODENTON	DOCTOR: □ AHMADI □ BENINGFIELD □ BUCHALTER □ HAMBURGER □ LEE □ LISK □ MARCUS □ PACHECO

CHECK OFF OR FILL IN ALL ITEMS THAT APPLY

DOES DIZZINESS FEEL LIKE	ASSOCIATED EAR SYMPTOMS	TIME PERIOD	PAST HISTORY
❑ Motion □ Spinning □ Turning □ Falling □ Left □ Right □ Forward □ Backward ❑ Lightheaded ❑ Faintness ❑ Wooziness ❑ Other	SYMTPOMS ❑ Ringing in Ears ❑ Popping in Ears ❑ Fullness or Pressure ❑ Hearing Loss WHICH EAR □ Right □ Left □ Both OTHER ASSOCIATED SYMPTOMS ❑ Nausea/Vomiting ❑ Headache ❑ Loss of Consciousness ❑ Weakness or numbness of Arms, legs, or face ❑ Visual Disturbance ❑ Difficulty with speech	First time dizzy_____ How often_____ Lasts how long: ❑ _____seconds ❑ _____minutes ❑ _____hours ❑ _____days Last episode_____ ❑ Warning before attack starts ❑ Free of dizziness between Attacks ❑ Time of day: □ Morning □ Afternoon □ Evening □ Bedtime □ Awaken from sleep	❑ Head Injury ❑ Ear Injury □ Left □ Right ❑ Scuba Diving ❑ Ear Surgery □ Left □ Right ❑ Sinus trouble ❑ Allergies ❑ Stroke ❑ Diabetes ❑ Abnormal Heart Beat ❑ Circulation problem ❑ Syphilis ❑ Thyroid Disease

What improves your dizziness	What makes your dizziness worse?
❑ Eyes open ❑ Eyes closes ❑ Lying Down ❑ Medication_____ ❑ Other_____	❑ Head movements ❑ Getting up from sitting or lying position ❑ Fatigue □ Hunger □ Exertion ❑ Menstrual Period ❑ Stress ❑ Irritating Fumes ❑ Other_____

Comments: