



## DIZZINESS / IMBALANCE QUESTIONNAIRE

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Today's Date: \_\_\_ / \_\_\_ / \_\_\_

Referred by \_\_\_\_\_

1. When did the dizziness first occur?

\_\_\_\_\_

2. What does the dizziness feel like?

\_\_\_\_\_

3. Is the dizziness CONSTANT or does it come in ATTACKS?

4. If the dizziness comes in attacks, how often do these attacks occur?  
\_\_\_\_\_ times per DAY WEEK MONTH YEAR

5. If the dizziness comes in attacks, how long do the attacks last?  
\_\_\_\_\_ SECOND(s) MINUTE(s) HOUR(s) DAY(s)

6. What factors provoke the dizziness or make the dizziness worse? \_\_\_\_\_

\_\_\_\_\_

7. What makes the dizziness better? \_\_\_\_\_

8. Does your hearing changes when the dizziness occurs? YES NO

If yes, how? \_\_\_\_\_

Which ear? RIGHT LEFT BOTH

9. Are you completely free of dizziness between attacks? YES NO

10. Are there any other symptoms associated with the dizziness such as visual changes, numbness or tingling in the arms or legs, weakness in the arms or legs, changes in speech?

\_\_\_\_\_

11. Do you have any history of neurological disease such as migraine, multiple sclerosis, or stroke?  
YES NO

If YES, please explain \_\_\_\_\_