## **DIZZINESS STUDY**

Name			Date	YES	NO						
	PLEASE ANSWER ALL QUESTIONS					10.	Do you know of anything that will: Stop your dizziness or make it bet				
l M/b							Make your dizziness worse?				
I. When you are "dizzy", do you experience any of the following sensations? PLEASE READ THE ENTIRE LINE FIRST. Then put an "x" in either the first box for YES or the second box for NO to describe your feelings most accurately.							Precipitate an attack?				
						11.	Were you exposed to any irritating	, fumes, pain	ts, etc.	at the	
						12.	Do you have any allergies?				
						13.	Did you ever injure your head?				
YES	NO						Were you unconscious?				
		1.	Lightheadedness			14.	, ,	=			
		2.	Swimming sensation in the head				What?			-	
		3.	Blacking out			15.	Do you use tobacco in any form?				
		4.	Loss of consciousness				How much?				
		5.	Tendency to fall: To the right?								
			To the left?	III. Do	you	have	any of the following symptoms?	Check eithe	r YES	or NO	
			Forward?				involved:				
			Backward?	YES	NO						
		6.	Objects spinning or turning around you?			1.	Difficulty in hearing?	Both ears	Right	Left	
		7.	Sensation that you are turning or spinning inside, with			2.	Noise in your ears?		Right	Left	
			outside objects remaining stationary?			۷.	Describe the noise	Dotti cars	rtigrit	LCIL	
		8.	Loss of balance when walking: Veering to the right?  Veering to the left?				Does the noise change with dizziness. If so, how?				
		9.	Headache			3.	Fullness or stuffiness in your ears?	Both ears	Right	Left	
		10.	Nausea or vomiting			٠.	Does this change when you are di				
		11.	Pressure in the head			4.	Pain in your ears?	Both ears	Right	Left	
						5.	Discharge from your ears?	Both ears	•	Left	
II. Ple	ase c	heck	box for either YES or NO and fill in the blank spaces.								
YES	NO			IV. Ha	ave yo	ou ex	perienced any of the following syr	nptoms? P	lease d	heck	
		1.	My dizziness is constant?	either	YES	or NC	and CIRCLE either CONSTANT of	r IN EPISO	DES.		
			In attacks?	YES	NO						
		2.	If in attacks: How often?			1.	Double vision	Constant	In ep	isodes	
			How long do they last?			2.	Numbness in face or extremities	Constant	In ep	isodes	
		3.	When did dizziness first occur?			3.	Blurred vision or blindness	Constant	-	isodes	
		4.	Can you tell when an attack is about to start?			4.	Weakness in arms or legs	Constant	In ep	isodes	
		5.	Are you completely free of dizziness between attacks?			5.	Clumsiness in arms or legs	Constant	In ep	isodes	
		6.	Does change of position make you dizzy?			6.	Confusion or loss of consciousness	Constant	In ep	isodes	
		7.	Do you have trouble walking in the dark?			7.	Difficulty with speech	Constant	-	isodes	
		8.	When you are dizzy, can you stand unsupported?			8.	Difficulty with swallowing	Constant		isodes	
		9.	Do you know of any possible cause of your dizziness?						•		
			What?								