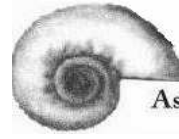


Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Age: \_\_\_\_\_  
Date: \_\_\_\_\_



**Ear, Nose & Throat**  
Associates of Southeastern CT, P.C.

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### DIZZINESS QUESTIONNAIRE

Please answer these few brief questions to aid us in the diagnosis of your dizziness complaint. Circle your answers.

1. Do you have hearing loss (now or in the past)?

YES

NO

2. Do you have TRUE VERTIGO (false sense of motion, floating, bobbing, swaying, rocking, tilting or spinning)?

YES

NO

If **YES**, how long does your vertigo last?

1. SHORT EPISODES: less than 5 minutes
2. MODERATE EPISODES: 5 minutes to 24 hours
3. LONG EPISODES: 1 day to 1 week
4. PERSISTENT: longer than 1 week

If **NO**, do you have any of the following symptoms?

1. DISEQUILIBRIUM/IMBALANCE – off-balance, tipsy, wobbly, feeling you might fall
2. NEAR FAINTING – feeling you might faint, black out, or lose consciousness
3. SPACEY – disconnected from the world around you, panicky, tingling around mouth or hands

How long do *these* symptoms last?

1. SHORT EPISODES: less than 5 minutes
2. MODERATE EPISODES: 5 minutes to 24 hours
3. LONG EPISODES: 1 day to 1 week
4. PERSISTENT: longer than 1 week

3. Is there anything else you would like to tell us about your dizziness?

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