

**DIZZINESS AND HEARING LOSS QUESTIONNAIRE**

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**VERTIGO AND DIZZINESS**

Objects spinning around?	Yes	No
Attacks of spinning dizziness?	Yes	No
How long do they last?	Yes	No
Becoming more frequent?	Yes	No
Date of first dizzy attack?	Yes	No
Spinning brought by standing?	Yes	No
Spinning occurs in bed?	Yes	No
Rolling to the right?	Yes	No
Rolling to the left?	Yes	No
Lightheaded?	Yes	No
Swimming sensation in head?	Yes	No
Blackouts?	Yes	No
Loss of consciousness?	Yes	No
Mainly unsteady walking?	Yes	No
Double vision?	Yes	No

Constant? YES  NO

Attacks? YES  NO

Numbness of face or extremities?

Constant? YES  NO

Attacks? YES  NO

Blurred vision or blindness?

Constant? YES  NO

Attacks? YES  NO

Clumsiness in arms or legs?

Constant? YES  NO

Attacks? YES  NO

Difficulty with speech?

Constant? YES  NO

Attacks? YES  NO

Difficulty with swallowing?

Constant? YES  NO

Attacks? YES  NO

**HEARING LOSS**

Does you have a hearing loss in both ears

Right Ear YES  NO

Left Ear YES  NO

Yes No

If both ears, which is worse?

Right Left

Does hearing get worse during attacks

Yes No

Fullness, Pressure or stuffiness?

YES  NO

Does hearing fluctuate?

Yes No

Is your hearing decreasing slowly?

Yes No

Is there a family history of hearing loss?

Yes No

Tinnitus (noise or ringing in ear)

right \_\_\_\_\_ periodic \_\_\_\_\_ constant \_\_\_\_\_ left \_\_\_\_\_ periodic \_\_\_\_\_ constant \_\_\_\_\_