

Name: _____

8. Do you know of anything that will:

Yes No

Stop your dizziness or make it better? _____

Yes No

Make your dizziness worse? _____

Yes No

Precipitate an attack? _____

(Fatigue? Exertion? Hunger? Menstrual Period? Stress? Emotional? Upset?)

Yes No

9. Were you exposed to any irritating fumes, Paints, etc., at the onset of dizziness?

Yes No

10. If you have ever injured your head, were you unconscious? _____

Yes No

11. If you are allergic to any medications, Please list: _____

Yes No

12. If you take any medications regularly, for any reason, please list: _____

Yes No

13. Do you use tobacco in any form? _____ How much? _____

III. Do you have any of the following symptoms? Please check yes or no and check ear involved.

Yes No

1. Difficulty in hearing? Both ears Right Left

Yes No

2. Noise in your ears? Both ears Right Left

2a. How loud is your tinnitus or head noise most of the time?

- None No head noise
 Very soft Heard only in a quiet situation.
 Moderate Heard only in an ordinary situation.
 Loud Heard and noticed in all situations.

2b. Describe the noise _____

2b. Does the noise change with dizziness? If so how? _____

Yes No

3. Fullness of stuffiness in the ears? Both ears Right Left

Yes No

4. Pain in the ears? Both ears Right Left

Yes No

5. Discharge from your ears? Both ears Right Left

IV. Have you ever experienced any of the following symptoms? Please check Yes or No and check constant or in episodes.

Yes No

1. Double vision, blurred vision or blindness. Constant In Episodes

Yes No

2. Numbness of face. Constant In Episodes

Yes No

3. Numbness of legs or arms. Constant In Episodes

Yes No

4. Weakness in arms or legs. Constant In Episodes

Yes No

5. Clumsiness of arms or legs. Constant In Episodes

Yes No

6. Confusion or loss of consciousness. Constant In Episodes

Yes No

7. Difficulty with speech. Constant In Episodes

Yes No

8. Difficulty with swallowing. Constant In Episodes

Yes No

9. Seasickness or car sickness. Constant In Episodes

Yes No

10. Pain in neck or shoulder. Constant In Episodes