



# REDDING E.N.T. HEAD AND NECK SURGERY, INC.

JORY N. KAPLAN, M.D., F.A.C.S.

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DIPLOMATE

AMERICAN BOARD OF OTOLARYNGOLOGY

2143 AIRPARK DRIVE - REDDING, CALIFORNIA 96001 - (530) 241-8799 - FAX (530) 241-8798

## **DIZZINESS QUESTIONNAIRE**

When you are "dizzy", do you experience any of the following sensations? Please read the entire list first. Then circle **YES** or **NO** to describe your feelings most accurately. Fill in the blank spaces if necessary.

- YES NO Lightheadedness or swimming sensation in the head.
- YES NO Blacking out or loss of consciousness.
- YES NO Tendency to fall: To the right? \_\_\_ Left? \_\_\_ Forward? \_\_\_ Backward? \_\_\_
- YES NO Objects spinning or turning around you.
- YES NO Sensation that you are turning or spinning inside, with outside objects remaining still?
- YES NO Loss of balance when walking? Veering to the right? \_\_\_ Veering to the left? \_\_\_
- YES NO Headache.
- YES NO Nausea or vomiting.
- YES NO Pressure in the head.
- YES NO My dizziness is constant.
- YES NO My dizziness comes in attacks.  
When did the dizziness first occur? \_\_\_\_\_  
If in attacks, how often? \_\_\_\_\_  
How long do they last? \_\_\_\_\_
- YES NO Do you have any warning that the attack is about to start? If Yes, please describe  
\_\_\_\_\_
- When was the last attack? \_\_\_\_\_
- YES NO Do they occur at any particular time of the day or night?
- YES NO Are you completely free of dizziness between attacks?
- YES NO Does change of position make you dizzy?
- YES NO Do you have trouble walking in the dark?
- YES NO When you are dizzy, must you support yourself when standing?
- YES NO Do you know of any possible cause of your dizziness? If YES, please describe  
\_\_\_\_\_
- YES NO Do you get dizzy when you get up from bed?
- YES NO Is there any position that will provoke dizziness?  
Do you know of anything that will:  
Stop your dizziness or make it better? \_\_\_\_\_
- YES NO Make your dizziness worse? \_\_\_\_\_  
Precipitate an attach? Fatigue \_\_\_ Exertion \_\_\_ Hunger \_\_\_ Stress \_\_\_  
Menstrual Period \_\_\_ Emotional Upset \_\_\_
- YES NO Were you exposed to any irritating fumes, paints, etc at the onset of your dizziness?
- YES NO If you ever injured your head, were you unconscious?
- YES NO Do you suffer from neck pain or pain on the back of the head?
- YES NO Do you use tobacco in any form? How much? \_\_\_\_\_

Do you have any of the following symptoms? Please circle **YES** or **NO** and the ear involved.

YES	NO	Difficulty in hearing?	Right___	Left___	Both Ears___
YES	NO	Noise in your ears?	Right___	Left___	Both Ears___
Describe the noise? _____					
YES	NO	Does the noise change with dizziness? If so, how? _____			
_____					
YES	NO	Fullness or stuffiness in your ears?	Right___	Left___	Both Ears___
YES	NO	Pain in your ears?	Right___	Left___	Both Ears___
YES	NO	Discharge from your ears?	Right___	Left___	Both Ears___

Have you experienced any of the following symptoms? Please circle **YES** or **NO** and if **CONSTANT** or in **EPISODES**.

YES	NO	Double vision, blurred vision or blindness?	Constant	Episodes
YES	NO	Numbness of face?	Constant	Episodes
YES	NO	Numbness of arms and legs?	Constant	Episodes
YES	NO	Weakness in arms or legs?	Constant	Episodes
YES	NO	Clumsiness of arms or legs?	Constant	Episodes
YES	NO	Confusion or loss of consciousness?	Constant	Episodes
YES	NO	Difficulty with speech?	Constant	Episodes
YES	NO	Difficulty with swallowing?	Constant	Episodes
YES	NO	Pain in the neck or shoulder?	Constant	Episodes

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

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If you are allergic to any medications, please list:

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