

Patient Name: _____
Appointment date/time: _____

SSIMED # _____
(office use)

Dizzy Questionnaire

I. "Dizziness" means different things to different people. Please describe your dizziness in detail. Most patients can remember the initial episode best, please describe that episode.

II. When did the dizziness start and what were you doing when it first began?

III. Does the dizziness come in episodes or is it constant? How long does each episode last?

IV. How often do you have an attack?

V. Do you get a warning of impending dizziness? If so, how can you tell you are about to experience dizziness?

VI. Is there anything you can do to lessen the severity of an attack or stop it entirely? If so, what?

VII. Is there anything you do that seems to bring on an attack of dizziness? If so, what?

VIII. List any other health problems you are having.

IX. Please list all medications you have taken in the past month and when you last took them.

X. What do you think is the cause of your dizziness?
