Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Dizziness means different things to different people. Please describe your dizziness in detail. Most people can remember the initial episode best, please describe that episode.
2. When did the dizziness start and what were you doing when it first began?

1. Does the dizziness come in episodes or is it constant? How long does each episode last?
2. How often do you have an attack?

See Reverse

1. Do you get a warning of impending dizziness? If so, how can you tell you are about to experience dizziness?
2. Is there anything you can do to lessen the severity of an attack or stop it entirely? If so, what?
3. Is there anything you do that seems to bring on an attack of dizziness? If so, what?
4. Do you have any fullness, pressure, or blockage in your ears? Has your hearing changed with the dizziness or have you developed tinnitus (noises in your ears) with the dizziness?
5. What do you think is the cause of your dizziness?