

Ear, Nose, Throat & Plastic Surgery, Inc.

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Dizziness

Please answer each question by filling in the appropriate circle fully.

When did the dizziness start?

- one two three four five six seven
 days ago weeks ago month ago years ago

How often do you have dizziness?

- once twice three times four times five times
 a day a week a month a year Always

When was the last attack?

- one two three four five
 hour(s) ago day(s) ago weeks(s) ago

Do you have any of the following problems with the dizziness?

- nausea
 vomiting
 hearing loss
 Head pressure
 Loss of Balance
 fullness/stuffness in ears ringing ear drainage
 lightheadedness/swimming sensation
 Blacking out/Loss of consciousness
 Objects spinning while you remain still
 You spinning but room still

Anything seem to bring on the dizziness?

- No Fatigue Exertion Hunger Stress Menstrual period
 Emotional upset Low blood sugar Low blood pressure

Were you around any irritating fumes, paints, at the time the dizziness began?

- Yes No

Have you ever had a head injury where you lost consciousness?

- Yes No

Are you having any of the following problems?

- Double vision/blurred vision/blindness
 Numbness of face
 Numbness or Weakness of arms/legs
 Confusion or loss of consciousness
 Difficulty with speech
 Difficulty swallowing
 Pain in neck/shoulder