Dizziness

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

When did the dizziness start?

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

How often do you have dizziness?

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

When was the last attack?

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

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

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

Anything seem to bring on the dizziness?

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

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

- O Yes O No

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

- O Yes O No

Are you having any of the following problems?

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