



# advanced EAR, NOSE & THROAT

head and neck surgery

## 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