KAISER PERMANENTE®

ENT/Otolaryngology, Head and Neck Surgery
Department 296

DIZZINESS QUESTIONNAIRE

Choose the sensation(s) that best describe your dizziness:

- ☐ Lightheadedness or faintness
- ☐ Rocking like on a boat
- ☐ Loss of Balance
- ☐ Disorientation
- ☐ Spinning of the world around you
- ☐ Tilting or falling to one side
- ☐ Floating or swimming sensation
- ☐ Nausea or queasiness

How long does the dizziness last? Please circle…..

SECONDS MINUTES HOURS DAYS CONSTANT

When did your dizziness start? _____

How frequently, on average does your dizziness occur? Please circle…..

Several a day Once a day Once a week Once a month Once a year

When you are having dizzy spells, do you have the following?

- ☐ Decrease in hearing **LEFT RIGHT BOTH**
- ☐ Increase in tinnitus (ringing of the ear) **LEFT RIGHT BOTH**
- ☐ Increase in ear pressure of fullness **LEFT RIGHT BOTH**

Is your dizziness worsened by:

	None	Some	Severely
Laying down or turning in bed			
Bending over			
Looking Up			
Standing Up			
Rapid Head Movements			
Bright Lights			
Loud Noises			
Looking at a computer or TV			
Looking at moving objects			
Shopping in a supermarket			
Reading			

Have you experienced any of the following symptoms?

- ☐ Recurring Headaches
- ☐ Blurry vision spots or flashing lights in front of eyes
- ☐ Difficulty in speech
- ☐ Motion Sickness, now or in the past
- ☐ Nausea or Vomiting
- ☐ Weakness or numbness in arms or legs
- ☐ Neck pain or injury