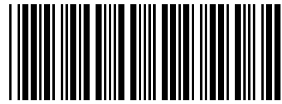
HARTFORD HOSPITAL
80 Seymour Street P.O. Box 5037
Hartford, CT 06102-5037



166015

Hearing and Balance Center
65 Memorial Rd., Suite 200, West Hartford, CT 06117
860/545-4478 Phone • 860/496-1961 Fax

Dizziness Questionnaire for the Hartford Hospital Balance Clinic

Name:____ Date:__________

1. Is the dizziness you are experiencing better characterized as a spinning, a light-headedness, or unsteadiness?	❒ Yes ❒ No
2. Is the dizziness you are experiencing a continuous symptom or does it come in episodes?	❒ Continuous symptom or ❒ Episodes
3. If it comes in episodes, do the episodes last for: *(select one)* ❒ Seconds ❒ Minutes ❒ Hours ❒ Days	
4. When you have episodes, do you experience ringing in the ears, fullness in the ears, or changes in your hearing?	❒ Yes ❒ No
5. Is there nausea or vomiting associated with your dizziness?	❒ Yes ❒ No
6. Is there anything you can do to bring on your dizziness?	❒ Yes ❒ No
7. Does lying down in bed make you dizzy?	❒ Yes ❒ No
8. Does looking up or looking down make you dizzy?	❒ Yes ❒ No
9. Is there anything you can do to improve your dizziness when it is occurring? If yes, what? ____	❒ Yes ❒ No
10. Have you ever fallen?	❒ Yes ❒ No
11. Have you taken medications for dizziness? If so, what? ____	❒ Yes ❒ No
12. Does the medication help?	❒ Yes ❒ No
13. Is your dizziness associated with changes in vision, weakness, or clumsiness in the arms or legs?	❒ Yes ❒ No
14. Do you have a history of migraine headaches?	❒ Yes ❒ No

Mailing Address: Marc D. Eisen, M.D., Ph.D., 85 Seymour Street, Suite 318, Hartford, CT 06106

HH Forms 571461 R01/11 Printed by the Digital Print Center @ HH