

BALANCE & DIZZINESS QUESTIONNAIRE

Name: _____ DOB: ____/____/____ Date: ____/____/____

Please answer these questions in detail

- What is your chief complaint? _____
- Do you suffer from Dizziness, Vertigo or Imbalance? Y N Do you feel Unsteady? Y N _____
- _____
- Does the dizziness get worse with moving your head, or certain positions? Y N _____
- _____
- How often do you get dizzy & for long? Y N _____
- Any episodes of falling down or near falling down? Y N Scared of falling down? Y N _____
- Any history of ear damage, chronic infections? Explain: _____
- Have you ever taken medicines like Gentamicin, Tobramycin or Streptomycin? Y N _____
- Do you have any hearing loss? Y N Which side is worse? L or R Hearing Aids? Y N _____
- Any ringing in the ears? Y N Worse on one side? L or R _____
- Any trouble with your vision? Worse in one eye? L or R _____
- Any eye surgery, cataracts with lens implant? L or R _____
- Any spells of dim or blurry vision or floaters in one or both eyes? _____
- What is your vision without glasses? L ____/____ R ____/____ Blind? L or R _____
- Use Bifocals, Trifocals? Y N Trouble adjusting to glasses? Y N _____
- Any weakness on one or both side of the body? Y N Worse one side? L or R _____
- Any stroke? Y N Which side? L or R When & any residual weakness? _____
- Any Transient Ischemic Attacks (TIA's or Mini Strokes)? Y N When & symptoms? _____
- Any trouble with speech? Y N Due to stroke or unrelated? _____
- Any severe headaches, Migraines? Y N Any associated symptoms? _____
- Any memory loss, confusion or dementia? Y N _____
- Any head injuries, concussion? Y N Any residual symptoms? Y N _____
- History of high BP? Y N Episodes of dizziness with medicines? Y N _____
- History of Diabetes? Episodes of low blood sugar or hypoglycemia? Y N _____
- Any muscle weakness, stiffness or severe arthritis? Y N _____
- Are you able to stand without support? Y N Need help with getting up or down? Y N _____
- Are you able to stand by yourself with eyes closed for 10 seconds? Y N _____
- Any numbness, nerve damage, neuropathy? Y N _____
- Any heart irregularity, palpitations or other heart disease? Y N _____
- Any serious kidney or liver disease? Y N _____
- Would you like Balance Retraining to improve your stability & lower risk of falls? Y N _____

Explain in detail: _____
