MANATEE HEARING & SPEECH CENTER

DIZZINESS AND BALANCE QUESTIONNAIRE

Patient Name: _____ Date: _____

1.) Select what ***BEST*** applies: ☐ Dizziness ☐ Balance ☐ Both ☐ Neither

SECTION A

Dizziness questions: Mark what *BEST* applies (If you are **NOT DIZZY**, skip this section):

2.) Duration of dizziness episodes:

- ☐ Seconds
- ☐ Minutes
- ☐ Hours

3.) When did the symptoms first begin?

- ☐ Days ago
- ☐ Weeks ago
- ☐ Months ago
- ☐ Years ago

4.) My dizziness is:

- ☐ Constant
- ☐ Presents in attacks
- ☐ Happening when I get up/lay down

5.) My dizziness is best described as:

- ☐ I feel like I am spinning/moving
- ☐ I see the world around me spinning/moving
- ☐ Light-headedness / "swimming" sensation

6.) My last dizziness episode was:

- ☐ Today
- ☐ Days ago
- ☐ Weeks ago
- ☐ More than one month ago

7.) Symptoms present with:

- ☐ Nausea
- ☐ Vomiting

SECTION B

Balance questions: Mark all that apply (If **BALANCE IS OK**, skip this section):

- ☐ Falls
- ☐ Head bumps
- ☐ Staggered gait
- ☐ Tingling/numbness of the feet/legs
- ☐ Use cane/walker
- ☐ Veer left and/or right
- ☐ Difficulty walking in the dark
- ☐ Difficulty with curbs/steps
- ☐ Shortness of breath while walking
- ☐ General leg weakness
- ☐ Need support while walking
- ☐ Orthopedic pain/discomfort

HEARING SECTION

Mark all that apply:

1.) Difficulty hearing:

- ☐ Left ear
- ☐ Right ear
- ☐ Both
- ☐ Neither

2.) Nature of hearing:

- ☐ Hearing difficulty and I wear hearing aids
- ☐ Hearing difficulty and I do not wear hearing aids
- ☐ I have no difficulty with my hearing
- ☐ Hearing level changes with present symptoms

3.) Presently my ears have:

- ☐ Ringing/buzzing
- ☐ Fullness/Pressure
- ☐ Pain/Discomfort
- ☐ Drainage

5.) History includes:

- ☐ Family history of hearing loss
- ☐ Noise exposure
- ☐ Chemical exposure
- ☐ Ear surgeries

PERSONAL MEDICAL HISTORY

Mark all that apply:

- ☐ Headaches
- ☐ Migraines
- ☐ Motion sensitivity
- ☐ Sensitivity to light
- ☐ Sensitivity to sound
- ☐ Sensitivity to smell
- ☐ Facial numbness
- ☐ Double vision
- ☐ Blurred vision
- ☐ Cataracts
- ☐ Macular degeneration
- ☐ Glaucoma
- ☐ Visual floaters/spots
- ☐ Low vision
- ☐ Shingles outbreaks
- ☐ Cold sores/fever blisters
- ☐ Loss of consciousness
- ☐ Heart attack
- ☐ Stroke
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Orthostatic hypertension
- ☐ COPD
- ☐ Diabetes
- ☐ Thyroid problems
- ☐ Kidney problems
- ☐ Liver problems
- ☐ Stress
- ☐ Anxiety
- ☐ Panic attacks
- ☐ Depression
- ☐ Seizures
- ☐ Chemotherapy
- ☐ Previous orthopedic surgeries