

Balance Center Questionnaire

Name: _____ Date of Birth: _____

Dizziness/ vertigo:

How long have you been experiencing dizziness? _____

Is the dizziness **CONSTANT** or does it come in **ATTACKS** (circle one)?

If it comes in attacks, how long between each episode? _____

How long does each attack last? _____

Please describe your dizziness (lightheadedness, spinning, cannot walk straight, etc.)?

Is there anything specific that brings on the dizziness (changing positions, movement, etc.)?

Hearing:

Do you have any trouble hearing?	YES	NO
----------------------------------	-----	----

If yes, explain: _____		
------------------------	--	--

Is one ear worse than the other?	YES	NO
----------------------------------	-----	----

If YES which ear is poorer?	RIGHT	LEFT
------------------------------------	-------	------

Do you experience any feeling of fullness in your ear?	YES	NO
--	-----	----

If yes, which ear:	RIGHT	LEFT
--------------------	-------	------

Do you have a history of ear infections?	YES	NO
--	-----	----

If yes, explain: _____		
------------------------	--	--

Do you have tubes in your ears?	YES	NO
---------------------------------	-----	----

If yes, when were they inserted and by whom:		
--	--	--

Have you ever perforated your eardrum?	YES	NO
--	-----	----

Do you have a history of noise exposure?	YES	NO
--	-----	----

Do you have a family history of hearing loss?	YES	NO
---	-----	----

Do you get any ringing or buzzing in your ears?	YES	NO
---	-----	----

If yes, is it **CONSTANT** or **INTERMITTENT** (circle one)

Is it in ONE EAR or BOTH EARS (circle one), If one ear:	RIGHT	LEFT
---	-------	------

Please list any medications you are taking.
