



Berks Hearing PROFESSIONALS

Board Certified in Audiology

Mindy K. Brudereck, Au.D., FAAA
Bre Lynn Myers, Au.D., FAAA

Dizziness Questionnaire

1. Describe what you are experiencing.

Spinning Lightheaded Passing out Drunk feeling Other _____

2. How long does your dizziness last? _____

Few seconds Seconds to minutes Minutes to several hours
Hours to days Continuous Other _____

3. How often do you get dizzy?

Only once More than once Frequency _____

4. When do your attacks occur?

Standing up Head movements Loud sounds Sneezing Straining
Rolling over in bed Stress Diet Other _____

5. Do any of the following occur with your typical attacks?

Hearing loss Tinnitus Headaches Facial numbness
Anxiety Change in vision Pain Other _____

6. I have the following medical problems.

Diabetes Strokes Hypertension Coronary artery disease
Visual difficulty Seizures Migraines Psychiatric disease _____

7. What medications are you currently taking?

8. Have you ever had any of the following?

Intravenous antibiotics Radiation therapy Ear surgery
Chemotherapy Syphilis Noise exposure

9. The level of my disability from dizziness is best described as:

- _____ I am able to work, drive, and feel no ill effects from my dizziness.
- _____ I can continue to function with my dizziness but not optimally.
- _____ I need to stop when dizzy, but can return to work soon thereafter.
- _____ I am incapacitated for extended periods of times because of the dizziness.
- _____ I am unable to leave the house.
- _____ I am disabled.

10. Does anyone in the family have:

Migraines Ménière's disease Neurologic disorder Anxiety/Depression
Hearing loss

11. Has the dizziness changed since the first episode? Yes No

If Yes: Better — Worse Shorter — Longer

4997 North Twin Valley Road
Suite 2
Elverson, PA 19520
Phone: 610.286.1999
Fax: 610.286.1991
info@berkshearing.com
www.berkshearing.com