

**Lawrence Otolaryngology Associates**  
**Dizziness Questionnaire**  
**Dr. Lee Reussner**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

1. When did your dizziness begin? \_\_\_\_\_

2. Currently, my dizziness.....(Check all that apply)

- Is Constant
- Is constant but waxes and wanes
- Comes and goes

3. On average, how often does dizziness occur?

- More than once per day \_\_\_\_\_
- Once every \_\_\_\_\_ hours/days/weeks/months  
(circle one)

4. On average, how long does each dizzy spell last?

- Seconds
- Minutes
- Hours

5. My dizziness mostly consists of (check all that apply):

- Spells of spinning with nausea
- Off-balance sensation
- Light-headed or near-faint sensation
- Other. Please explain: \_\_\_\_\_

6. Between episodes, I feel: (Check only one)

- Dizzy or off-balance all the time
- Normal
- Other. Please explain: \_\_\_\_\_

7. Dizziness usually occurs:

- When I turn my head to quickly or in certain directions
- Spontaneously; nothing specific brings them on

Describe any particular head motion (or other movement) that causes dizziness:

8. When I roll over in bed (check one):

- The room seems to spin every time
- The room seems to spin sometimes
- Nothing usually happens

9. Have you noticed any hearing loss?

- No
- Yes. Please describe: \_\_\_\_\_