Mr Abir K. Bhattacharyya MS DNB FACS FRCS (Eng.) FRCS (ORL)
Consultant ENT Surgeon & Royal College Surgical Tutor & Visiting Professor in Otolaryngology
Training Programme Director (Surgery), London & Deputy Director of Medical Education, Barts Health

Spire London East
Appointments: 0208 709 7878

Nuffield Health The Holly
Appointments: 0208 936 1201

Nuffield Health Brentwood:
Appointments: 01277 695695

150 Harley Street
Appointments: 020 3075 3150

The London Clinic
Appointments: 0204 527 0508

Address for Correspondence:
Spire London East Hospital
Roding Lane South
Redbridge, Essex IG4 5PZ.

Private Secretary: Kim Carr
Tel: 020 8709 7867
kim.carr@spirehealthcare.com

Dizziness Questionnaire

Name…… **Date**……..

1. Which of this best describes your dizziness? Circle only one.

A sensation of movement of yourself or the room: spinning, tilting or wave-like movement

Light-headedness or feeling that you are going to faint

Loss of balance

Disassociation or disorientation with the world

II. When you are "dizzy" do you experience any of the following sensations? You may circle as many yes responses as necessary.

Yes	No	1.	Light-headedness or swimming sensation in the head
Yes	No	2.	Blacking out or loss of consciousness.
Yes	No	3.	Tendency to fall
Yes	No	4.	Objects spinning or turning around you
Yes	No	5.	Sensation that you are turning or spinning inside
Yes	No	6.	Loss of balance when walking
Yes	No	7.	Headache
Yes	No	8.	Pressure in the head
Yes	No	9.	Nausea or vomiting

III. Please fill in the blanks and circle appropriate answer.

a. When did the dizziness first occur? …….

b. Is the dizziness CONSTANT or does it come in ATTACKS?

c. If the dizziness comes in attacks, how often do these attacks occur?
…… times per day/week/month/year.

d. If the dizziness comes in attacks, how long do the attacks last?
…… seconds/minutes/hours/days.

e. What factors provoke the dizziness or make the dizziness worse?

……

f. What makes the dizziness better?

……

g. Does your hearing change when the dizziness occurs?

Yes/No How? ……..

Which Ear? Right/Left

h. Are there any other symptoms associated with the dizziness, such as visual changes, numbness or tingling in the arms or legs, weakness in the arms or legs, changes in speech?

……

i. Are you completely free of dizziness between attacks? Circle: Yes/No

j. Have you ever been diagnosed with a head or neck injury? Circle: Yes/No

k. Do you have any history of a neurological disease such as migraine, multiple sclerosis or stroke? Circle: Yes/No

Explain ……..

IV. Do you have any of the following symptoms? Please circle Yes or No and circle Ear involved.

Yes	No	1. Difficulty in hearing?	Right	Left
Yes	No	2. Noise in your ears?	Right	Left
Yes	No	3. Does noise change during the dizziness? How? …….		
Yes	No	4. Fullness or stuffiness in your ears?	Right	Left

V. Have you experienced any of the following symptoms?

Yes	No	1. Double vision, blurred vision or blindness.
Yes	No	2. Numbness of face.
Yes	No	3. Numbness of arms or legs.
Yes	No	4. Weakness in arms or legs.
Yes	No	5. Clumsiness of arms and legs.
Yes	No	6. Confusion or loss of consciousness.
Yes	No	7. Difficulty with speech.
Yes	No	8. Difficulty with swallowing.
Yes	No	9. Pain in the neck or shoulder.