

Audiology Clinic: Adult Client Case History

Dizziness Addendum

Note: complete this section only if you experience dizziness, imbalance, or vertigo.

1. When did your dizziness begin?

2. What causes your dizziness, if known?

3. How long does your dizziness last?

- seconds to minutes
- minutes to hours
- hours to days

4. Is your dizziness **constant** or **episodic**? (circle one or describe)

5. What describes your dizziness? (mark all that apply)

- imbalance
- true rotational vertigo (spinning)
- floating sensation
- rocking or swaying
- veering to one side
- lightheadedness
- trouble walking in the dark
- other:

6. What symptoms do you experience? (mark all that apply)

- headache or migraine
- nausea or vomiting
- other:
- sensitivity to sound
- pressure in ears
- blurred vision
- hearing loss
- tinnitus
- motion intolerance

Dizziness Addendum - continued

7. Do you have seizures? yes no

8. What, if anything, improves your dizziness?

9. What medical providers have you seen regarding your dizziness, and what were their recommendations?

10. Have you fallen because of your dizziness? yes no

Comments: