

Do you know of anything that will:

YES	NO	
_____	_____	Stop your dizziness or make it better? What? _____
_____	_____	Make your dizziness worse? What? _____
_____	_____	Bring on an attack? What? _____
_____	_____	Is there any relationship between eating and your dizziness? If so, what? _____
_____	_____	Do you eat three meals a day?
_____	_____	Do you think you eat a lot of animal fat?
_____	_____	Were you exposed to any irritating fumes, paints, etc. at the onset of your dizziness?
_____	_____	Do you have any allergies? What? _____
_____	_____	Did you ever injure your head?
_____	_____	Were you unconscious? How long? _____
_____	_____	Do you take any medications regularly? What? _____
_____	_____	Do you use tobacco in any form? How much? _____
_____	_____	Do you think you are under any unusual strain or tension?
_____	_____	Has anyone in your family had similar dizziness?

Do you have any of the following symptoms? Check either YES or NO and CIRCLE the ear involved.

YES	NO	
_____	_____	Difficulty in hearing? Both ears Right Left
_____	_____	Noise in your ears? Both ears Right Left
_____	_____	Describe the noise _____
_____	_____	Does noise change with dizziness? If so, how? _____
_____	_____	Fullness, stuffiness or pressure in your ears? Both ears Right Left
_____	_____	Does this change when you are dizzy?
_____	_____	Pain in your ears? Both ears Right Left
_____	_____	Discharge from your ears? Both ears Right Left
_____	_____	Have you ever been exposed to loud noise? When? _____ How long? _____
_____	_____	Did you wear sound protection?
_____	_____	Has anyone in your family had a hearing problem?

Have you experienced any of the following symptoms? Please check either YES or NO and CIRCLE either CONSTANT or IN EPISODES.

YES	NO			
___	___	Double vision	Constant	In episodes
___	___	Blurred vision	Constant	In episodes
___	___	Blindness	Constant	In episodes
___	___	Numbness of your face	Constant	In episodes
___	___	Weakness in your arms or legs	Constant	In episodes
___	___	Clumsiness in your arms or legs	Constant	In episodes
___	___	Mental confusion	Constant	In episodes
___	___	Loss of consciousness	Constant	In episodes
___	___	Difficulty with speech	Constant	In episodes
___	___	Difficulty with swallowing	Constant	In episodes

HAVE YOU ANSWERED EACH QUESTION EITHER YES OR NO?

Is there anything else that you feel may be important for us to know?
