

- Yes No 6. When you are dizzy, must you support yourself when standing?
- Yes No 7. Do you know of any possible cause of your dizziness? What? _____
8. Do you know of anything that will:
- Yes No Stop your dizziness or make it better? _____
- Yes No Make your dizziness worse? _____
- Yes No Precipitate an attack? (Fatigue? Exertion? Hunger?
Menstrual Period? Stress? Emotional Upset?)
- Yes No 9. Were you exposed to any irritating fumes, paints, etc. at the onset of dizziness?
- Yes No 10. If you ever injured your head, were you unconscious?

3. Do you have any of the following symptoms? Please circle "Yes" or "No" and circle the ear(s) involved.

- | | | | | | |
|-----|----|---|-----------|-------|------|
| Yes | No | 1. Difficulty in hearing? | Both ears | Right | Left |
| Yes | No | 2. Noise in your ears? | Both ears | Right | Left |
| | | Describe the noise _____ | | | |
| Yes | No | Does noise change with dizziness? If so, how? _____ | | | |
| Yes | No | 3. Fullness or stuffiness in your ears? | Both ears | Right | Left |
| Yes | No | 4. Pain in your ears? | Both ears | Right | Left |
| Yes | No | 5. Discharge from your ears? | Both ears | Right | Left |

4. Have you experienced any of the following symptoms? Please circle "Yes" or "No" and circle if "Constant" or "In Episodes".

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