

**AUDIOLOGY AND HEARING AID CENTER**  
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**DIZZY QUESTIONNAIRE**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

“Dizziness” means different things to different people. Please describe your dizziness in detail. Most patients can remember the initial episode best, please describe that episode.

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When did the dizziness start, and what were you doing when it first began?

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Does the dizziness come in episodes or is it constant? How long does each episode last?

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How often do you have an attack? \_\_\_\_\_

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Do you get warning of an impending attack of dizziness? If so, how do you tell you are about to experience dizziness?

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Is there anything you can do to lessen the severity of an attack or stop it entirely? If so, what would that be?

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List any other health problems you are having.

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Please list all medications you have taken in the past month and when you last took them.

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