

# VESTIBULAR QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Describe your first episode of dizziness (sudden or gradual) and when: \_\_\_\_\_

\_\_\_\_\_

Are symptoms the same, better or worse now compared to when they began? \_\_\_\_\_

\_\_\_\_\_

Describe your symptoms without using the word 'dizzy.' \_\_\_\_\_

\_\_\_\_\_

Some positions, movements or situations that aggravate your symptoms are: \_\_\_\_\_

\_\_\_\_\_

Duration of symptoms: \_\_\_\_\_

Frequency of symptoms: \_\_\_\_\_

Visual or ear symptoms? \_\_\_\_\_

Do you have a history of dizziness? \_\_\_\_\_

Have you had previous treatment for that dizziness? \_\_\_\_\_

Have you ever had any type of ear surgery, if yes, what kind? \_\_\_\_\_

What is your current living situation? \_\_\_\_\_

Have you fallen or been close to falling any time in the past year? If yes, how many times and please describe. \_\_\_\_\_

\_\_\_\_\_

What is your function prior to dizziness compared to now? \_\_\_\_\_

\_\_\_\_\_

What is your goal by attending physical therapy? \_\_\_\_\_