Dizziness Or Vertigo (DOV) Questionnaire

Dear Client:

Please think of the symptoms and form of your problem and then complete the questionnaire. As this questionnaire is named "dizziness or vertigo questionnaire", meaning of "dizziness" and "vertigo" should be explained to you before completion of the questionnaire. They have two different meanings in medical terms. Dizziness often refers to symptoms such as lightheadedness, blackouts, giddiness and wooziness experienced by the patient, but vertigo means sensation of spinning or rotation occurring to the patient, which gets worse by moving the head and body. In some cases, nausea and vomiting may exist and in severe cases, you may have a sensation of earthquake. For more accurate diagnosis of the reason of your problem, you are better to carefully think which one you experience. If you have a sense of rotation, imbalance, and staggering or you fall down, please check item 1 (vertigo).

If you experience giddiness, wooziness, blackouts and lightheadedness (no rotation and imbalance), please check item 2 (dizziness). If you have both feelings, please check item 3 (both dizziness and vertigo).

1) I feel vertigo ☐
2) I feel dizziness ☐
3) I feel both vertigo and dizziness ☐

Please read the following questions carefully and check the related checkbox.

For each question, there is a "Description" section, which is optional, and you may write down anything you feel related to the question.

1	Please specify if you have a special disease or take special medication: Description:
2	Do you have a history of hypertension? Yes ☐ No ☐ Description:
3	When was the last time you measured your blood pressure? Description:
4	Do you have a family history of diabetes? Yes ☐ No ☐ Description:
5	When was the last time you take checkup (blood test, imaging, …)? Description:
6	Did you drink alcoholic beverages before vertigo attack? Yes ☐ No ☐ Description:
7	Did you take narcotics or smoke cigarette before vertigo? Yes ☐ No

	☐ If you are a smoker, how many cigarettes do you smoke per day? Description:
8	Did you have a cold before first experience of vertigo? Yes ☐ No ☐ Description:
9	Were you hospitalized before vertigo or recently? Yes ☐ No ☐ Description:
10	Did you recently undergo special surgery? Yes ☐ No ☐ Description:
11	When did you experience vertigo for the first time? If you do not remember the exact day, please specify the approximate day? Description:
12	From the day your vertigo began till now, did you have any **Decrease** in: A) **Severity** of vertigo: Yes ☐ No ☐ B) **Duration** of vertigo: Yes ☐ No ☐ Description:
13	Please specify which of the following states you experience? A) Severe and long rotation in all directions during the first days, but after some days, mild and short rotation only in one direction ☐ B) Mild and short rotation only in one direction from the first day till now ☐ Please specify the direction: Up ☐, Down ☐, Forward ☐, Backward ☐ Description:
14	How long does your vertigo last? - Shorter than 30 seconds ☐ - Between 30 seconds to 1 minute ☐ - Between 1 minute to 10 minutes ☐ - Between 10 minutes to 2 hours ☐ - Between 1 to 2 days ☐ Description:
15	Do you have nausea in addition to vertigo? Yes ☐ No ☐ Description:

16	If you have nausea with vertigo, do you have vomiting? Yes ☐ No ☐ Description:
17	Do you vomit with a lot of force (Projectile Vomiting)? Yes ☐ No ☐ Description:
18	If you have nausea or vomiting during the first days of vertigo, does your nausea disappear after some days? Yes ☐ No ☐ Description:
19	Did you have a history of head trauma, fall from bed, accident or intense motion of head before the first vertigo attack? Yes ☐ No ☐ Description:

20	Do you have neck pain? Yes ☐ No ☐ If you have a history of cervical problems, dislocation of cervical vertebrae and etc., please write down. Description:
21	Do you have stiff neck, especially while vertigo? Yes ☐ No ☐ ***** Stiff neck differs from neck pain. Stiff neck means contraction of muscles of neck. Description:
22	How was the extent of your vertigo? - Mild ☐ - Moderate ☐ - Severe ☐ Description:
23	Does your vertigo occur in episodes? Yes ☐ No ☐ ***** It means, for example, you experience vertigo every month, every three months, twice a year, or three times a year. Description:
24	Does your vertigo occur suddenly? Yes ☐ No ☐ ***** Suddenly means that it outbursts and rotation is severe. Description:
25	Do you have tinnitus, especially while vertigo? Yes ☐ No ☐ ***** Tinnitus is the abnormal sensation of sound in the head or ears Description:
26	If yes to the above question, how is your tinnitus? - Hissing ☐ - Chirring ☐ - Beating/ Pulsating ☐ - Whistling ☐ - Ringing ☐ - Pounding ☐ - Clack-Rattle ☐ - Clanging ☐ - Roaring ☐ - Voices ☐ - Other (Please Specify): …….. Description:
27	If you have tinnitus, did you have tinnitus Before or After experience of vertigo for the first time? Before vertigo ☐ After vertigo ☐ Description:
28	Do you feel ear fullness while vertigo? Yes ☐ No ☐

	Description:
29	If yes to the above question, does your ear fullness and tinnitus disappear after elimination of vertigo?
	Ear fullness: Yes ☐ No ☐
	Tinnitus: Yes ☐ No ☐
	Description:

30	Do you have headache in addition to vertigo? Yes ☐ No ☐ Description:
31	When did your headache begin? Recently ☐ Long time before vertigo ☐ Description:
32	If you have headache, how was its extent? - Mild ☐ - Moderate ☐ - Severe ☐ Description:
33	If you have headache or former history of headache, is your headache unilateral and pulsed and are sound, light and/or smell is annoying for you while you have headache? Yes ☐ No ☐ Description:
34	If you have headache, how long does it last? - 1 hour ☐ - 2 hours ☐ - more than 2 hours ☐ Description:
35	Do you experience nausea or vomiting during car-air travels? Yes ☐ No ☐ Description:
36	Do you experience vertigo by loud sounds? Yes ☐ No ☐ Description:
37	Do you feel pain in your mandible? Yes ☐ No ☐ Description:
38	Do you feel pain in your ears? Yes ☐ No ☐ Description:
39	Do you feel itching in your ears? Yes ☐ No ☐ Description:
40	Do you use Q-tip or another external object for scratching your ear? Yes ☐ No

	☐ Description:
41	Do you have decayed tooth or toothache? - Yes, I have decayed tooth ☐ - No, I don't have decayed tooth ☐ Description:
42	Did you go to the dentist recently, especially before vertigo? Yes ☐ No ☐ Description:

43	Do you have sweat and / or diarrhea while vertigo? - Sweat : Yes ☐ No ☐ - Diarrhea: Yes ☐ No ☐ Description:
44	Do you experience vertigo while sneezing, severe cough, excessive effort, and lifting heavy load? Yes ☐ No ☐ Description:
45	Do you feel dizzy by exercising your upper arm, for example, by lifting weights over head? Description:
46	Do you feel numbness around your lips and fingers? - Lips: Yes ☐ No ☐ - Fingers: Yes ☐ No ☐ Description:
47	Do you have shortness of breath? Yes ☐ No ☐ Description:
48	Do you have chest pain? Yes ☐ No ☐ Description:
49	Did you difficulty in speech following vertigo? Yes ☐ No ☐ ***** For example, you can not consecutively say "Jack went to school" for 5 times. Description:
50	Did you experience double vision following vertigo? Yes ☐ No ☐ ***** Double vision differs from blurred vision; double vision means perception of two images of a single object. If you feel blurred vision please specify it. Description:
51	Did you have any limitation in visual field? Yes ☐ No ☐ * For example, you do not see whole stop sign in the street, but you see half of it. Description:
52	Do you feel unsteady while walking? Yes ☐ No

	☐ Description:
53	Do you feel drowsiness? Yes ☐ No ☐ Description:
54	Do you feel weakness in muscles of your body? Yes ☐ No ☐ Description:

55	Do you feel pain or numbness in your face? - Pain: Yes ☐ No ☐ - Numbness: Yes ☐ No ☐ Description:
56	Did you have difficulty in swallowing? Yes ☐ No ☐ Description:
57	Did you have difficulty in standing? Yes ☐ No ☐ Description:
58	Do you feel lightheadedness? Yes ☐ No ☐ Description:
59	Do you feel heavy headedness? Yes ☐ No ☐ Description:
60	Did you experience uncontrollable hiccup? Yes ☐ No ☐ Description:
61	Do you see stars and lights? Yes ☐ No ☐ Description:
62	Do you see flashlights? Yes ☐ No ☐ Description:
63	Do you feel something moves on your skin? Yes ☐ No ☐ Description:
64	Do you feel electricity passes through your fingers? Yes ☐ No ☐ Description:
65	Do you have visual hallucinations? Yes ☐ No ☐ ***** It means seeing what the other people do not see or deny them.

	Description:
66	Did you lose your consciousness after vertigo? Yes ☐ No ☐ ***** It means full unconsciousness, not faint or weakness. Description
67	How do you feel? - A sensation of spinning with imbalance with a history of fall ☐ - A sensation of spinning with imbalance without a history of fall ☐ - A sensation of imbalance without a sensation of spinning with a history of fall ☐ - A sensation of imbalance without a sensation of spinning without a history of fall ☐ Description:

68	Are you hopeless, anxious, depressed or stressful? Yes ☐ No ☐
	Description:
69	Do you take anti-anxiety pills or do you have a history of the disease for which you took anti-anxiety pills? Yes ☐ No ☐
	If yes, please specify the dose and duration?
	Description:
70	Do you have olfactory hallucinations? Yes ☐ No ☐
	***** It means feeling smells that the other people do not smell or you feel losing your sense of smell.
	Description:
71	Do you have auditory hallucinations? Yes ☐ No ☐
	***** It means you hear voices in your ears.
	Description:
72	Do you have a history of working in noisy environments? Yes ☐ No ☐
	If yes, please specify the duration:
	Description:
73	Do you feel hearing loss? Yes ☐ No ☐
	Description:
74	If yes to the above question, how did you experience hearing loss? - I previously had no hearing loss, but I experienced it suddenly and recently after vertigo ☐ - I previously had hearing loss, but I feel it got worse after vertigo ☐ - I previously had hearing loss, but I it did not get worse after vertigo ☐
	Description:
75	Did you travel by ship before experiencing vertigo? Yes ☐ No ☐
	Description:
76	Do you have a history of allergy (for example, runny nose, itchy palate, burning eyes, …)? Yes ☐ No ☐
	Description:

77	For what reason do you think you experienced vertigo? * After a special event or …	
	Description:	
78	Do you have frequent urination?	Yes ☐ No ☐
	Description:	
79	Do you feel numbness in your feet or your thighs?	Yes ☐ No ☐
	Description:	
80	Did you experience seizure?	Yes ☐ No ☐
	Description:	