

# EAR NOSE & THROAT ASSOCIATES, P.C.

2340 KNOB CREEK RD, SUITE 704 • JOHNSON CITY, TN 37601 • PHONE (423) 929-9101 • FAX (423) 434-2032

## PHYSICIANS & SURGEONS

BRUCE A. ABKES, M.D.  
ARTHUR S. HARRIS, M.D.  
MARK A. HOWELL, M.D., F.A.C.S.  
JOHNATHAN M. WINSTEAD, M.D.  
TIMOTHY P. ZAJONC, M.D.

## AUDIOLOGISTS

CHRISTOPHER A BURKS, M.S., CCC-A  
RUSSEL FANKHOUSER, M.S., CCC-A  
CONSULTING AUDIOLOGIST

## OTOLARYNGOLOGY & HEAD AND NECK SURGERY

MEDICINE & SURGERY OF THE EAR NOSE & THROAT
MICROSURGERY OF THE EAR
NASAL AND FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY
TREATMENT OF CANCER OF THE HEAD & NECK

## QUESTIONNAIRE FOR PATIENTS WITH DIZZINESS

1. When did you first start having the dizziness? \_\_\_\_\_
2. Did the dizziness start suddenly? \_\_\_\_\_
3. Does the room seem to spin? \_\_\_\_\_
4. Is there any nausea with dizziness? \_\_\_\_\_
5. Have you had any muscle weakness with this? \_\_\_\_\_
6. Is the dizziness constant or on and off? \_\_\_\_\_
7. Is there hearing loss, pressure or ringing in the ears? \_\_\_\_\_
8. Does change in position cause or increase the dizziness? \_\_\_\_\_
9. Do you take any medications? If so, please list them here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Is there tingling in your hands? \_\_\_\_\_ Legs? \_\_\_\_\_ Lips? \_\_\_\_\_
11. Have you had a neck injury or pain? \_\_\_\_\_
12. Do you have headaches with dizziness? \_\_\_\_\_
13. Do fatigue, hunger, exertion, or menstrual periods affect the dizziness? \_\_\_\_\_
14. Is the dizziness worse at a certain time of day? \_\_\_\_\_
15. Do you have fainting spells or loss of consciousness? \_\_\_\_\_
16. Do you have any problems with your heart, blood or blood pressure? \_\_\_\_\_
17. Do you have any problems with your eyes? \_\_\_\_\_
18. Do you have **any** other known medical problems, if so, please list them here:  
\_\_\_\_\_  
\_\_\_\_\_