

ENT SURGICAL ASSOCIATES, P.C.

PLEASE ANSWER THESE QUESTIONS TO THE BEST OF YOUR ABILITY.
CIRCLE EITHER YES OR NO.

- | | | |
|---|-----|----|
| 1. Have you ever had true spinning? | YES | NO |
| 2. Have you ever had episodes of spinning for more than 10 minutes? | YES | NO |
| 3. Have you ever had spinning associated with: | | |
| Hearing loss? | YES | NO |
| Ringing or noise in your ears? | YES | NO |
| Pressure in your ears? | YES | NO |
| 4. Have you ever had hearing loss? | YES | NO |
| 5. Have you ever had hearing that fluctuates? | YES | NO |
| 6. Have you ever had hearing loss associated with: | | |
| Spinning? | YES | NO |
| Ringing in ears? | YES | NO |
| Pressure in your ears? | YES | NO |
| 7. Have you ever had ringing or noise in your ears lasting for longer than 5 minutes? | YES | NO |
| 8. Have you ever had ringing changes or fluctuating with: | | |
| Spinning? | YES | NO |
| Ringing in ears? | YES | NO |
| Hearing loss? | YES | NO |
| 9. Have you ever had pressure in your ears lasting for more than 5 minutes? | YES | NO |
| 10. Have you ever had pressure in your ears that changes or fluctuates with: | | |
| Spinning? | YES | NO |
| Ringing in ears? | YES | NO |
| Hearing loss? | YES | NO |
| 11. Have you ever had Head Trauma? | YES | NO |

NAME _____
DATE _____

REVISED
7/14/04

