



Breathe Well. Hear Well. Be Well.

Name: _____

DOB: _____

Date: _____

8. How frequently do your dizzy spells occur? (please check one)

- Less than once per month
- At least once a month, but less than weekly
- At least once a week, but not daily
- Daily
- Varies greatly

9. Which of the following describes your symptoms?

- | | Yes | No | |
|--|--------------------------|--------------------------|--------------------------------|
| Dizzy in spells, with break in between | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dizzy when sitting or standing still | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dizzy when rolling over in bed | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dizzy when turning or moving your head | <input type="checkbox"/> | <input type="checkbox"/> | If yes, which direction? _____ |
| Dizzy when bending over or reaching down | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dizziness worsens during menstrual cycle | <input type="checkbox"/> | <input type="checkbox"/> | |

10. Is there anything you can do to make your dizziness go away or lessen in severity?

- No
- Yes _____

11. In the last 12 months, have you:

- | | Yes | No | |
|--|--------------------------|--------------------------|-------------------------------|
| Fallen? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, how many times? _____ |
| Lost consciousness, "blacked out," or fainted? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had severe prolonged headache/migraines? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had trouble walking in the dark? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had any changes in medication? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Gone through menopause? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had changes to your vision or eyeglass prescription? | <input type="checkbox"/> | <input type="checkbox"/> | |

12. Do you have, or have you ever had, any of the following: (check all that apply)

- Diabetes
- Stroke
- High or low blood pressure
- Migraine headaches
- Arthritis
- Neck/back injury
- Irregular heartbeat
- Allergies



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Videonystagmography (VNG) is a test designed to evaluate the portion of your inner ear responsible for balance (the vestibular system). This evaluation assists in determining the cause of the dizziness, vertigo, or imbalance. The results of this test will determine if your inner ear is contributing to your symptoms.

The day of your test

Please do not take medications listed below for **48 hours** prior to your test date. Certain medications can influence the body's response to the test, thus giving false or misleading results.

- a. Alcohol: beer, wine, cough medicine
- b. Please avoid caffeine in beverages such as coffee or soft drinks.
- c. Analgesics-Narcotics: Codeine, Demerol, Phenaphen, Tylenol with codeine, Percocet, Darvocet
- d. Anti-histamines: Chlor-trimeton, Dimetapp, Disophrol, Benadryl, Actifed, Teldrin, Hismanol, Claritin...any over the counter cold remedies.
- e. Anti-Seizure medicine: Dilantin, Tegretol, Phenobarbital
- f. Anti-vertigo medicine: Anti-vert, Ru-vert, Meclizine
- g. Anti-nausea medicine: Atrax, Dramamine, Compazine, Anti-vert, Bucladin, Phenergan, Thorazine, Scopalamine, Transdermal
- h. Sedatives: Halcion, Restoril, Nembutal, Seconal, Dalmane, or any sleeping pill
- i. Tranquilizers: Valium, Librium, Atarax, Vistaril, Serax, Ativan, Librax, Xanax
- j. You may take blood pressure medications, heart medications, thyroid medications, Tylenol, insulin, estrogen, etc.
- k. Always consult with your physician before discontinuing any prescribed medication**

Please do not wear any **eye makeup** as it interferes with the recording of test results. Eat light and wear comfortable clothing.

The entire test battery will take approximately one hour. Initially, a hearing test (if not performed at initial evaluation) and an evaluation of your balance will be completed. These two tests will be correlated with the VNG results.

The VNG

The VNG test is performed by watching your eye movements with a special pair of goggles as you do a variety of simple activities. This can be performed regardless of how well you see, and contact lenses can be worn. There are no needles used in the test, and it is not physically strenuous.

Following the hearing test and balance screening, the VNG has four parts:

- 1) Observation of a response between your ear and brain in response to a clicking noise and activation of your neck muscles. Stickers will be placed on your forehead and neck then an elevated clicking noise will be placed in your ears. During this time you will be asked to lift and turn your head for approximately 30 seconds away from the noise.
- 2) Observation of your eye movements while seated. You will be asked to follow a light with your eyes, to stare in different directions, and to gently move your head side-to-side at different times.
- 3) Observation of your eyes while you are in varied physical positions. You will lie on your back, and be directed about how to move your head at different times.
- 4) Observation of your eyes while a gentle stream of air is placed into your ears one at a time. While comfortably reclined, the clinician will irrigate your ears with a mild flow of warm and cool air. This may cause a sense of motion during the procedure, which is artificial and temporary.

Note: It is impossible for any part of this test to make your symptoms worse.

Every portion of the test will be explained, and every effort will be made to ensure that your visit is pleasant and comfortable. Some people that are sensitive to motion may wish to arrange for someone to accompany them to the appointment or drive them home.

After the test

If immediate treatment for your symptoms is indicated, this will be explained. You will then follow-up with your ENT physician within one week for further review of the results, and for further medical recommendations. If you have any questions regarding the VNG test please call the office and ask to speak to the Audiology Department.