Bloomsburg UNIVERSITY

Speech, Language, and Hearing Clinic
Department of Audiology and Speech Pathology
Centennial Hall, Room 338
400 East Second Street, Bloomsburg, Pennsylvania 17815
(570) 389-5380 • FAX (570) 389-5022

Name: _____

Your appointment is on:

Day: _____

Date: _____ Time: _____

Referring Physician: _____

TESTS:
- ☐ Comprehensive Balance Evaluation
- ☐ Video/Electronystagmography (VNG/ENG)
- ☐ Rotational Testing
- ☐ Posturography

THERAPY:
- ☐ Vestibular Rehabilitation
- ☐ Treatment for BPPV

BALANCE CLINIC PRE-APPOINTMENT INSTRUCTIONS

Vestibular and Balance Testing: Results for balance function and dizziness testing can be affected by certain substances and medications. Because of this, we ask that you refrain from all ***nonessential*** medications for a period of 72 hours (3 days) before the time of your appointment.

Specifically, you should avoid:

- ✓ ***alcoholic beverages***
- ✓ ***sleeping pills***
- ✓ ***tranquilizers***
- ✓ ***stimulants***
- ✓ ***caffeine***
- ✓ ***antihistamines***
- ✓ ***anti-dizziness and anti-nausea medications***
- ✓ ***narcotics of any kind***
- ✓ ***cold or allergy medications***
- ✓ ***medications which contain any of these in their ingredients***

*** If you have questions regarding specific medications, please check with your physician. ***

*Please do not eat or drink **4 hours** before the time of your test. If food is required, please try to keep it to a minimum.* Please wear comfortable clothing, particularly something loose at the collar. You should wear pants/slacks and flat shoes. Please do not wear contact lenses if you have them. On the day of the test, **DO NOT USE FACIAL MAKE-UP, *especially mascara*, facial foundation, or any other eye make-up.**

Vestibular Therapy: In general, therapy procedures do not require refraining from medication or eating. However, we ask that you comply with all other pretest measures listed above.

General Information: The Speech, Language, and Hearing Clinic is located on the 3rd floor of Centennial Hall at Bloomsburg University, 400 East Second Street, Bloomsburg, PA. Please plan to arrive at least 30 minutes before the appointment time to allow for parking and registration. **Bring all prior medical information, any insurance pre-certification, and any completed notification forms.** The length of time required for testing and treatment will vary depending upon the type and number of tests scheduled or therapy required. *Generally, these times are:* 2 hours for VNG/ENG, 1 hour for posturography, 1 hour for rotational testing and 1 hour for BPPV or vestibular rehabilitation therapy. If for any reason you are not able to keep this appointment, please notify the clinic as soon as possible.

Thank you for your cooperation in following these pre-appointment instructions. If you have questions or concerns regarding your balance testing, please feel free to contact us at (570) 389-5380.

Bloomsburg UNIVERSITY

Speech, Language, and Hearing Clinic
Bloomsburg University

Dizziness Questionnaire

Name:_____ Age:_____ Date:_____

Please answer these questions as completely as possible **and bring with you to your scheduled appointment.** If you are unsure of any questions, please discuss them at the time of your evaluation.

When did your symptoms begin? _____
Did they begin gradually _____ or suddenly_____?
Is your dizziness consistent _____ or in spells _____?
If spells, how often do the spells occur? _____
How long does each spell last? _____
In between spells, are you free of your dizziness? Yes _____ No _____
Are your symptoms getting better _____, worse _____, or are they the same _____?
Does motion cause your symptoms? Yes _____ No _____
Does motion make your symptoms worse? Yes _____ No _____
If yes, which direction, right, left or both? _____

Describe your dizziness (check all that apply):

__ Spinning of yourself
__ Objects spinning around you
__ Imbalance or unsteadiness
__ Blackout or faint
__ Lightheadedness
__ Swimming sensations in your head
__ Weakness
__ Other

Do you experience any other symptoms before, during or after your dizziness?

__ Headaches
__ Pressure in the head
__ Ear pain or pressure
__ Numbness in your face, arms or legs
__ Blurred or double vision
__ Nausea
__ Vomiting
__ Weakness in arms or legs
__ Difficulty speaking or swallowing

Do you experience loss of balance when walking? Yes_____ No _____
If yes, do you veer more often to the right _____ or left _____?
Do you have difficulty walking in the dark? Yes_____ No _____

Bloomsburg UNIVERSITY

Speech, Language, and Hearing Clinic
Bloomsburg University

Medical History

Do you have any difficulty hearing? Yes _____ No _____
If yes, which ear? Right _____ Left _____ Both _____
If yes, does your hearing fluctuate (go up and down)? Yes _____ No _____
Do you have any noises in your ears? Yes _____ No _____
If yes, is it consistent _____ or intermittent_____?
Right ear _____ Left ear _____ Both ears _____
Do you ever feel fullness or stiffness in your ears? Yes _____ No _____
If yes, is it consistent _____ or intermittent_____?
Right ear _____ Left ear _____ Both ears _____

Have you ever had any ear surgery? Yes _____ No _____
If yes, please describe (which ear, type of surgery, and when)

_____
_____

Do you have, or have you ever had, any of the following?

__ Diabetes
__ Asthma
__ Sinus problems
__ Head injury
__ Neck or back injury
__ Seizures
__ High blood pressure
__ Heart attack
__ Stroke
__ Cataract
__ Glaucoma

What medications do you take on a regular basis? (Prescription and over-the-counter)

_____
_____
_____
_____

On a scale of 0 to 10, indicate the influence your dizziness has on your life.
(Circle your answer)

It doesn't bother me ... *I cannot function*

0 1 2 3 4 5 6 7 8 9 10