

Date: .....

**1. Patient data**

Last name:.....

First name:.....

Date of birth (dd-mm-yy) .....

Mobile phone number:.....

E-mail:

General practitioner: .....

Referred by:.....

**2. Dizziness questionnaire**

Migraines but also other types of headaches can be accompanied by dizziness. If you regularly feel dizzy, it is useful to complete the dizziness questionnaire. This questionnaire is intended only for additional information for patients with dizziness in the context of headaches and migraine in particular.

Dizziness can change greatly over time. Therefore, if you remember sufficiently how your first attack of dizziness was, it is necessary to describe this attack as accurately as possible. If it was a long time ago, you cannot remember it exactly and can describe the most typical attacks of dizziness that you have had recently. Please tick each time the type, duration, triggering or mitigating circumstances and accompanying symptoms. If your attacks occur together with migraine symptoms, either just before the migraine attack as an aura or during the migraine attack (headache phase together with dizziness and usually nausea), it is important to indicate this as well. If the attacks of dizziness do not coincide in time with the attacks of migraine (migraine with headache) but do occur shortly before or shortly after the migraine attacks, it is also useful to mention this.

**a) Type of vertigo**

- Rotatory vertigo, as when riding a merry-go-round
- Postural imbalance, as during boat trips
- Light-headedness

**b) Duration of vertigo**

- Attacks of vertigo that last for seconds to minutes
- Attacks lasting over many minutes to hours
- Persistent vertigo lasting for many days to a few weeks
- Postural imbalance lasting for months to years

**c) Triggers/ exacerbation/ improvement of vertigo**

- Already at rest
- While walking
- While turning the head to the side
- When changing head position relative to gravity
- When coughing, pressing, or at loud sounds of a certain frequency
- Context-dependent intensity, namely: .....
- .....
- .....

**d) Accompanying symptoms**

- Double or blurred vision
- Wobbly vision when walking + the need to stand still to be able to read a text or a sign
- Headache
- Light sensitivity
- Noise sensitivity
- Nausea
- Vomiting
- Unsteadiness, more pronounced in dark surroundings
- Tendency to fall or deviation when walking towards:
  - Left side
  - Right side
- Fear to lose consciousness
- Hearing loss when dizzy:
  - Left ear
  - Right ear
- Tinnitus in:
  - Left ear
  - Right ear
  - Both ears
- Feeling of pressure in:
  - Left ear
  - Right ear
  - Both ears