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Testing Information

VNG (Videonystagmography) testing is used to assist in determining the function of portions of the vestibular system. These systems have the potential to contribute to balance and/or vertigo/dizziness problems a patient may be having. Testing can involve positional changes, eye tracking tasks, and air stimulation. Infrared goggles are used to record eye movements during testing and results are reviewed to determine potential dysfunctions of the vestibular system. Please note, appointments can last up to an hour and a half.

Instructions

- 1) Continue to take medications related to heart conditions, high blood pressure, seizures, diabetes, etc.
- 2) **Do not** take medications for vertigo/dizziness **48 hours** prior to testing. Please refer to **list on back**. ****Your appointment will be rescheduled if you take any of the listed medications within 48 hours of your test.****
- 3) Wear comfortable clothing.
- 4) **Do not wear eye make-up.**
- 5) Do not consume alcohol within 24 hours prior to testing.
- 6) Do not eat 4 to 6 hours prior to testing. If it is necessary to eat, please consider a light meal.
- 7) Because patients may feel uneasy or dizziness after testing, please consider arranging transportation assistance.
- 8) Notify our office if you are unable to have free range of motion of the neck or back.
- 9) Please complete and bring the attached questionnaire the day of your testing.

If you have any questions concerning this information, please contact
The Hearing Center at Quail Creek
(806) 355-9999

Over the counter medications:

- All allergy medications
- All cold medications
- All sleep aids
- Cough syrups

Pain Medications

- Demerol
- Dilaudid
- Lortab
- Morphine
- Oxycontin
- Oxycodone
- Percocet
- Topamax
- Vicodin
- Wygesic

Dizziness/Nausea/Diarrheal

- Antivert/Meclizine
- Compazine
- Dramamine
- Phenergan
- Scopolamine patch
- Zofran

Restless Leg

- Requip
- Mirapex

Muscle Relaxers

- Flexeril
- Soma
- Skelaxin
- Zanaflex

Psychotherapeutic Agents/Antidepressants

- Ativan
- Ambien
- Buspar
- Celexa
- Clozaril
- Concerta
- Cymbalta
- Depakote
- Elavil
- Gabapentin
- Haldol
- Klonopin
- Lexapro
- Librium
- Lithium
- Miltown
- Paxil
- Prozac
- Pristiq
- Ritalin
- Serafem
- Sedatives
- Sinequan
- Sleeping pill
- Stelazine
- Trazodone
- Triavil
- Valium
- Vivactil
- Wellbutrin
- Xanax
- Zoloft
- Zyprexa

****This is not an exhaustive list.** Please contact the office with any questions regarding medications.



QUESTIONNAIRE

Dizziness History Questionnaire

Name: _____ Age: _____ Date: _____

WHEN was the first time you ever had dizziness? _____

WHAT were the circumstances? _____

WHEN was the last time you experienced dizziness? _____

WHAT were the circumstances? _____

CURRENTLY MY DIZZINESS...

- is constant
- is always there, but changes in intensity
- comes in episodes.

IF COMES AND GOES

How long does it typically last? ____ seconds / minutes / hours (Circle ONE)

How often does it typically occur? _____ times per: hour / day / week / month / year

MY DIZZINESS MOSTLY CONSISTS OF ...(Check ALL that apply)

- spells of spinning with nausea.
- off-balance sensation.
- a light-headed or near faint sensation.
- other. Please explain _____

BETWEEN EPISODES I FEEL ... (Check ONE)

- dizzy or off balance all the time.
- normal.
- other. Please explain _____

MY EPISODES OCCUR ... (Check ALL that apply)

- Spontaneously. Nothing I do seems to bring them on or turn them off.
- Only when standing or walking.
- In relation to any head motion.
- Only in certain head position. Please describe _____

WHEN I ROLL OVER IN BED ... (Check ONE)

- Nothing usually happens.
- The room seems to spin sometimes.

IS THERE ANYTHING THAT YOU CAN DO TO MAKE YOUR DIZZINESS GO AWAY?

(sit, lay down, close eyes...)

Please explain: _____

QUESTIONNAIRE

CIRCLE ALL THAT APPLY:

I have hearing difficulty *Right / Left / Both*

I have ringing or other sound *Right / Left/ Both*

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I have ear fullness *Right / Left / Both*

I have had ear surgery *Right / Left / Both*

CIRCLE YES OR NO

- Did you have a cold, flu or virus type symptoms shortly before the onset of your dizziness?..... **YES/NO**
- Did you cough, lift, sneeze, fly in a plane, swim under water or have ahead trauma shortly before the onset of your dizziness?.....**YES/NO**
- Were you exposed to any irritating fumes, paints, etc. at the onset of your dizziness?**YES/NO**
- Do you get dizzy when you have not eaten for a long time?**YES/NO**
- Is your dizziness connected with your menstrual period?**YES/NO**
- Did you get new glasses recently?.....**YES/NO**
- I considered myself to be an anxious or tense type of person**YES/NO**

IN THE PAST YEARS I HAVE HAD .. (CHECK ALL THAT APPLY)

- loss of consciousness occasional loss of vision seizures or convulsions
- severe pounding headaches or migraines slurring of speech difficulty swallowing
- palpitations of the heartbeat weakness in one hand, arm, or leg tingling around mouth
- double vision tendency to fall spot before your eyes loss of balance when walking

I HAVE OR HAVE HAD.. (CHECK ALL THAT APPLY)

- Diabetic Stoke High blood pressure Migraine headaches Arthritis
- A neck and/or back injury Irregular heartbeat Allergies

PLEASE CHECK BELOW FOR ANY MEDICATIONS YOU HAVE TRIED FOR DIZZINESS OR ARE CURRENTLY TAKING:

	Taken in past	Taking now	Helps
Antivert (Meclizine)	_____	_____	_____
Valium (Diazepam)	_____	_____	_____
Dyazide water pills	_____	_____	_____

HAVE YOU EVER BEEN PREVIOUSLY EVALUATED FOR DIZZINESS?

Where? When? _____
