



Advice on Vertigo

Equipment			
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Procedure			
0	Introduce yourself to the patient, ask for the patient's first and last name, and state the purpose of the history inquiry.		
1	Start with open-ended questions and appropriate open-ended questions. Do not use medical terminology or English. Do not ask multiple questions at once. The sequence of events does not interfere. Notify the patient when changing the subject. periodically repeat or ask again when necessary		
2	Proper display of body language (eye contact, interested attitude, nod)		
3	Dizziness (type of vertigo), vertigo, nausea and vomiting Close your eyes and feel better, palpitations, sweating.		
4	The moment when dizziness occurs (onset & duration), symptoms occur immediately. Duration in seconds/minutes/hours Continued symptoms/intermittent symptoms		
5	Factors that provoke dizziness (precipitating factors) changing posture Changes in ear pressure, such as when coughing, sneezing, or straining hearing a loud noise		
6	Associated auditory symptoms: tinnitus/decreased hearing, ringing in the ears, tightness in the ears/urinal discharge.		
7	associated neurological symptoms: blurred vision, difficulty speaking, swallowing, staggered walking, numbness of the face or one leg		
8	Predisposing factors Cold history chronic otitis media concussion to the head chronic illnesses such as Diabetes, syphilis, the use of drugs that damage the inner ear		
9	Diagnosis of benign paroxysmal positional vertigo (BPPV)		

