



## INSTRUCTIONS FOR VIDEONYSTAGMOGRAPHY (VNG)

The VNG is a group of tests looking at the balance functions of the inner ear and brain which provides information about the source of your dizziness or unsteadiness. We schedule 2 hours for the test, however, it may take as little as 1 hour to complete. Many people experience some dizziness during the test however, it usually does not last long. It is therefore, **strongly recommended** that a relative or friend drive you home following the test. It is also, **strongly recommended that if you have a cane or walker, even if you only use it occasionally, that you bring it to the appointment.** Again, this is because many people experience an increase in dizziness. To record any dizziness experienced throughout the test you will be looking through lightweight goggles equipped with miniature video cameras.

### **Instructions for testing:**

1. Avoid wearing make-up, especially eye make-up.
2. Wear Comfortable clothing and flat shoes.
3. Eat only a light meal at least 2 hours prior to the testing.
4. **Please do not take any of the following medications/substances for 48 hours prior to testing.** These substances can influence the body's response to this test and give false responses.

**Alcohol**

**Allergy Medicine**

**Anti-Histamines**

**Anti-Nausea Medicine**

**Anti-Vertigo Medicine (Meclizine/Antivert)**

**Caffeine**

**Cough Syrup**

**Sedatives**

**Tranquilizers**

Please continue taking any medications for your heart, blood pressure, diabetes, seizures, etc.

If you have any questions prior to testing, please contact Healthy Hearing and Balance at 410-857-3800.



Patient Name: \_\_\_\_\_ Date \_\_\_\_\_  
Completed: \_\_\_\_\_

## DIZZINESS QUESTIONNAIRE

**When you are “dizzy” do you experience any of the following sensations/symptoms?**

**Please check all that apply.**

- Spinning
- Lightheadedness
- Swimming sensation in the head
- Black out/Loss of consciousness
- Hearing Loss
- Headache
- Tinnitus (noise in the head/ears)
- Full feeling in the ear(s)
- Nausea/vomiting
- Pressure in the head
- Sensitivity to light/noise
- Tendency to fall, **please specify:** \_\_right \_\_left \_\_forward \_\_backward

**Describe your “dizziness” attack(s).**

Is your dizziness constant or in attacks? \_\_\_\_\_

When did the first attack occur? \_\_\_\_\_

How long since your last attack? \_\_\_\_\_

How often do the attacks occur? \_\_\_\_\_

How long do they last? \_\_\_\_\_

What, if any, warning signs do you have before an attack? \_\_\_\_\_

Does dizziness occur in certain body/head positions? \_\_\_\_\_

Are you completely free of dizziness between attacks? \_\_\_\_\_

Do you know of any possible causes for your dizziness? \_\_\_\_\_

Do you know of anything that will stop your dizziness or make it worse? \_\_\_\_\_

Were you exposed to any irritating fumes, paints, etc at the onset of your dizziness? \_\_\_\_\_

**Health questions. Please check all that apply.**

- Have you ever had ear surgery?
- Difficulty with hearing?
- Fluctuating hearing loss?
- Pain/Discharge in ears?
- Have you ever been exposed to or work in loud noise?
- Do you have any allergies?
- Do you use tobacco?
- Do you use alcohol?
- Do you or have you ever had cold sores/shingles/Herpes Simplex virus?
- Do you have autoimmune issues such as Rheumatoid Arthritis?
- Do you have acute ear/sinus infections?
- Do you have Diabetes?
- Do you have high or low blood pressure?

**What brings on your dizziness? Please check all that apply.**

- Did you recently get new glasses/contacts?

- 🍏 Do you get dizzy if you miss a meal?
- 🍏 Do you get dizzy when standing up?
- 🍏 Do you get dizzy when looking up?
- 🍏 Do you get dizzy when bending over?
- 🍏 Do you get dizzy with quick head movements?
- 🍏 Do you get dizzy turning over in bed? Right? Left?
- 🍏 Do you tend to get stressed easily?
- 🍏 Have you ever had a neck or back injury?
- 🍏 Do you get dizzy walking down the aisle in the grocery store?
- 🍏 Do loud sounds make you dizzy?
- 🍏 Does pressure in your ear make you dizzy?
- 🍏 Does dizziness occur just prior to your menses cycle?

**Have you ever experienced any of the following symptoms? Please check all that apply.**

- 🍏 Double vision
- 🍏 Numbness of the face or arms/legs
- 🍏 Blurred vision or blindness
- 🍏 Weakness in the arms/legs
- 🍏 Confusion or loss of consciousness
- 🍏 Difficulty with speech
- 🍏 Difficulty with swallowing
- 🍏 Tingling around the mouth

**Please list all medications (prescription and over the counter) and supplements you take on a regular basis on the patient medication form.**

**Please describe your dizziness in your own words and note any additional information that may be helpful in treating your dizziness.**

---



---



---

