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| **Section Instructions: Please circle all the words that describe your symptoms/feelings:** | | |
| Reeling | Whirling | Faint |
| Giddy | Undulating | Lightheaded |
| Ringing/Tinnitus | Ear pain/pressure | Visual Disturbance |
| Warm | Anxious | Pain |
| Unable to concentrate | Floating | Drifting |
| Off balance/unsteady | Dazed | Falling |
| Clumsy | Fluttering | Sick |
| Vomiting | Swimmy-Head | Confused |
| Swaying | Disoriented | Heavy Headed |
| Headache | Weak | Spinning |
| Listing | Leaning | Lack of Memory |
| A Rush | Fuzzy Headed | Shaky |
| Nauseated | Focus Problems | Being Pulled |
| Staggering | Spacey | Vertigo |
| Fatigued | Drunk | Blurred Vision |
| Other: | | |
| If you have symptoms other that those above, please indicate in this box: | | |
| Are your symptoms: constant or intermittent? | | |
| If your symptoms are intermittent, how long are the symptoms lasting? | | |