

**DIZZINESS INVENTORY**

Date: \_\_\_\_\_

Dizziness Scale:

<b>1</b>		<b>2</b>		<b>3</b>
<b>Minimum</b>		<b>Moderate</b>		<b>Maximum</b>
Fogginess	Light-headedness	Feeling off-balance	Nausea	Vomiting

Percent of Day Feeling Dizziness:

0... 10... 20... 30... 40... 50... 60... 70... 80... 90... 100

Number of Days per Week Feeling Dizziness:

0-----1-----2-----3-----4-----5-----6-----7