

Newburyport Medical Center  
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Newburyport, MA 01950  
P: 978.997.1550  
F: 978.688.8292

200 Sutton Street, Suite 100  
North Andover, MA 01845  
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Merrimack Medical Center  
62 Brown Street, Suite 301  
Haverhill, MA 01830  
P: 978.521.0300

**Daryl Colden, MD, FACS**

*Board Certified*

Otolaryngology – Head & Neck Surgery  
Facial Plastic & Reconstructive Surgery

*Fellowship Trained*

Advanced Nasal & Facial Plastic Surgery

*Fellow*

American Academy of Otolaryngic Allergy

*Clinical Instructor in Otolaryngology*  
Harvard Medical School

*Assistant Surgeon in Otolaryngology*  
Massachusetts Eye & Ear Infirmary

*Assistant Clinical Professor*  
Otolaryngology Head & Neck Surgery  
Tufts Medical School

**Peter Seymour, MD**

*Board Certified*

Otolaryngology – Head & Neck Surgery

*Fellowship Trained*

Otologic Medicine & Surgery  
(Ear & Balance Disorders)

*Associate*

American Academy of Otolaryngic Allergy

*Assistant Surgeon in Otolaryngology*  
Massachusetts Eye & Ear Infirmary

*Assistant Clinical Professor*  
Otolaryngology – Head & Neck Surgery  
Tufts Medical School

**Elizabeth Mahoney Davis, MD, FACS**

*Board Certified*

Otolaryngology – Head & Neck Surgery

*Fellow*

American Academy of Otolaryngic Allergy

*Assistant Professor*

Otolaryngology – Head & Neck Surgery  
Boston University School of Medicine

**Renee Llorente, MA CCC-A**

**Sarah Wellwood, AuD CCC-A**

Pediatric & Adult Audiology  
Hearing Aid Evaluation  
Aural Rehabilitation

**Donna Cardarelli**

Office Manager

**Hospital Affiliations**

Anna Jaques Hospital  
Merrimack Valley Hospital  
Holy Family Hospital

**Surgical Center Affiliations**

Andover Surgical Center  
Stratham Surgical Center

**Academic Affiliations**

Massachusetts Eye & Ear Infirmary  
Tufts Medical Center  
Boston University School of Medicine

[www.ColdenSeymourENT.com](http://www.ColdenSeymourENT.com)

**EAR NOSE THROAT & ALLERGY**

Adult & Pediatric Care / Hearing & Balance Center  
Sinus & Sleep Specialists / Facial Plastic Surgery

**Dizziness Questionnaire**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

**Please circle and fill in as appropriate:**

- When did your dizziness first occur? \_\_\_\_\_
- Did your dizziness begin after an accident? Yes/No
- Is the dizziness you are experiencing better characterized as a **spinning sensation**, **lightheadedness** or **unsteadiness**? (Please circle)
- Is the dizziness you are experiencing **continuous** or does it come in **attacks**?
- If it comes in attacks, how often do the attacks occur?  
\_\_\_\_\_ times per day/week/month/year.
- How long do the episodes last?  
\_\_\_\_\_ seconds/minutes/hours/days.
- Do you have **ringing** in the ears, **fullness** in the ears, **changes** in hearing?  
R/L/Both                      R/L/Both                      R/L/Both
- Is there **nausea** or **vomiting** associated with your dizziness? Yes/No
- What brings on your dizziness? \_\_\_\_\_
- Is there anything that makes it **better**? \_\_\_\_\_
- Does **lying down** in bed make you dizzy? Yes/No
- Does **turning over in bed** make you dizzy? Yes/No
- Does **looking up or down** make you dizzy? Yes/No
- Do you get dizzy when **standing up** from a chair? Yes/No
- Do you get dizzy when **bending over**? Yes/No
- Have you ever **fallen** because of your dizziness? Yes/No
- Do you get **headaches**? Yes/No                      **Migraines**? Yes/No
- Do you have **neck pain**, **TMJ** (jaw pain), **head pressure** or **sinus pressure**? (please circle if applicable)
- Have you ever had **motion sickness**? Yes/No      (As Child/As Adult/Both)
- Because of your dizziness, does it restrict your travel for business or recreation?  
Yes/No
- Because of your dizziness, do you have difficulty reading? Yes/No
- Because of your dizziness, do you have difficulty walking alone? Yes/No
- Because of your dizziness, do you have difficulty walking in the dark? Yes/No
- Because of your dizziness, are you afraid to stay home alone? Yes/No
- Have you taken medications for dizziness? Yes/No (If yes, circle all that apply)  
(Antivert/Meclizine/Diazepam/Valium/Bomine/Phenergan/Promethazine)
- Have the medications helped your dizziness? Yes/No

Additional Comments:

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