

Electronystagmography (ENG) Test Questionnaire

Name:	Age:
Date:	Gender:

Instructions: Please answer the following questions to the best of your ability. Your responses will help the healthcare provider to evaluate your symptoms and determine if an ENG test is necessary.

#	Question	Answer Choices
1	Do you experience dizziness or lightheadedness?	☐ Yes ☐ No
2	Do you feel unsteady or off-balance?	☐ Yes ☐ No
3	Have you ever experienced vertigo (spinning)?	☐ Yes ☐ No
4	Do your symptoms occur suddenly or gradually?	☐ Suddenly ☐ Gradually
5	Does your dizziness or vertigo worsen with movement?	☐ Yes ☐ No
6	Do you have a history of ear infections or ear surgery?	☐ Yes ☐ No
7	Have you ever had a head injury or concussion?	☐ Yes ☐ No
8	Are you currently taking any medications?	☐ Yes ☐ No
9	Have you ever been diagnosed with a neurological disorder?	☐ Yes ☐ No
10	Do you have a history of heart or blood pressure problems?	☐ Yes ☐ No
11	Have you ever had a stroke or mini-stroke?	☐ Yes ☐ No
12	Do you have ringing in your ears (tinnitus)?	☐ Yes ☐ No
13	Have you ever had a hearing test?	☐ Yes ☐ No
14	Do you have any allergies or asthma?	☐ Yes ☐ No
15	Are you pregnant or could you be pregnant?	☐ Yes ☐ No

Based on your answers, the healthcare provider may recommend an ENG test to further evaluate your symptoms and help determine the underlying cause of your balance disorder. The test is safe and non-invasive, and the results can help guide treatment decisions. It's important to provide accurate and complete information on the questionnaire to ensure an accurate diagnosis.

Notes: