

My dizziness diary

Bring this to your GP or ENT. One row per episode. Print it and fill it in by hand.

Name: _____ Week of: _____

Date and start time	How long	Feeling: spin, float, rock	Ears: side, hearing, ringing, fullness	Light/sound? Nausea? Headache?	Neck pain first? What I was doing	What I tried and how it went

Also note: how you felt between attacks, and any red flags (sudden severe headache, weakness, double vision, trouble speaking) - seek urgent care.