FREEDOM Hearing Center LLC

Prince Frederick – Solomons – Leonardtown – Greenbelt
Diagnostic Hearing Centers
(P) (443) 295-7100 (F) (443) 295-7555

Waldorf Diagnostic Hearing & Balance Center
(P) (301) 374-8477 (F) (301) 374-8432
www.freedomhearing.com

Pre-Test Instructions for Videonystagmography (VNG)

You were referred to our clinic because you have spoken to your doctor about your symptoms of dizziness, lightheadedness, and/or unsteadiness. A VNG is a test that focuses on your dizziness/vertigo that can be caused by a disturbance in a particular part of your inner ear of balance system. This test is not painful, however it is time consuming (approximately 1 to 1 ½ hours), so please be prompt.

You must have a driver to escort you to and from this appointment as dizziness, lightheadedness, nausea, and vertigo have been reported by some patients as lingering effects of the vestibular testing. Without a driver you will not be able to complete testing.

Please be sure to eat a light breakfast/lunch prior to your testing time. Please follow the instructions below. Failure to follow the instructions can cause your test to be inconclusive and/or inaccurate.

1. **DO NOT** wear any make-up the day of your test. This includes eye shadow, eye liner, mascara, and foundation/powder.
2. **DO NOT** take any of the following at least 48 hours (preferable 72 hours) before the test:
   - Anti-nausea medications: Dramamine, Campazine, Bonine, Marezine, Vontrol, Phenergan, Thorazine, etc…
   - Anti-vertigo medications: Meclizine, Antivert, Ru-vert, etc…
   - Tranquilizers: Valium, Librium, Atarax, Vistrail, Equanil, Miltown, Traivil, Serax, Strafon, etc….
   - Sedatives: Nembural, Seconal, Delmane, Doriden, Placidyl, Quaalude, Butisol, or any other sleeping pill
   - Narcotics and Barbiturates: Pheobarbital, Codeine, Demerol, Dilaudid Percodan, Phenaphen, etc…
   - Anti-Histamines: Chlor-trimeton, Dimetane, Disphorol, Benadryl, Actified, Teldrin, Triaminid, Drixerol, Dimetapp, and/or any over the counter remedies
   - Alcohol: any quantity, including beer, wine, and cough medicines containing alcohol
3. **DO NOT** drink any caffeinated beverages (coffee, tea, colas, cocoa, etc…) for at least 8 hours prior to testing.
4. **DO NOT** smoke for at least 8 hours prior to testing

If you have any questions please feel free to contact us:

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Name: ____ Date: ________________
Referring Physician: _____________________________
Primary Care Physician: __________________________

Please answer all of the following questions to the best of your ability

Do you experience any of the following sensations (check any that apply):

Lightheadedness	Swimming sensation in head	Blacking out
Tendency to fall	Loss of consciousness	Migraines
Nausea/vomiting	Objects spinning around you	Motion sickness
Pressure in head	Loss of balance when walking	Fear of falling

Please circle YES or NO and write your answers

Is your dizziness constant? Yes No
How often does your dizziness last? ____
How long do your symptoms last? ____
When did you first experience your symptoms? ____
When was your last episode? ____
Did you ever injure your head? Yes No
If yes, please explain____
Have you had any recent imaging studies (MRI/CT) completed? Yes No
If yes, please explain ____
____

Is there any relationship between eating and dizziness? Yes No

Can you tell when an attack is about to start? Yes No

Do you know of anything that makes your dizziness worse or better? Yes No
Worse? ________________________________ Better? _______________________________

How severe is your dizziness (check any that apply)?

Mild	Moderate	Severe
Getting better	Getting Worse	Staying the same

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Do you experience any of the following symptoms? Please check box and fill in the circle for occurrence

[ ] Double Vision	Constant	In Episodes
[ ] Blurred Vision/Blindness	Constant	In Episodes
[ ] Numbness in face	Constant	In Episodes
[ ] Numbness in arms/legs	Constant	In Episodes
[ ] Weakness in arms/legs	Constant	In Episodes
[ ] Clumsiness in arms/legs	Constant	In Episodes
[ ] Confusion or loss of consciousness	Constant	In Episodes
[ ] Difficulty with speech	Constant	In Episodes
[ ] Difficulty swallowing	Constant	In Episodes