

## Videonystagmography (VNG) Instructions

Videonystagmography (VNG) evaluates the status of the balance system. Goggles will monitor your response to head and body positions. Warm and cool air will also be used to compare responses for the right and left ear. Please wear comfortable clothing as it is necessary for you to move in a variety of positions (lying down, rolling over, etc.).

To obtain valid test results we ask that you do the following:

**Do not take any of the following medications for at least 48 hours prior to your appointment\*:**

- Anti-dizzy (meclazine, antivert, dramamine)
- Tranquilizers, sedatives, barbituates
- Pain medication (prescribed or over-the-counter)
- Antidepressants
- Antihistamines
- Muscle relaxants
- Sleeping pills

*\*If you cannot discontinue use of any of the above medications on the advice of your doctor, please inform the person performing your VNG.*

**Be sure to follow your provider's directions**

- Do not eat four hours prior to the test.
- Do not drink caffeinated or alcoholic beverages 24 hours prior to testing.
- Do not wear any eye makeup, (eyeliner, mascara, etc.).
- Do not smoke at least 24 hours prior to testing.

PLEASE ALLOW ONE HOUR FOR THIS TEST. If you are concerned about not being able to drive afterward, please make arrangements for someone to drive you.

Testing is completed by the audiology department. You will not see the physician on the day of testing. Results of the evaluation will not be available immediately. Once your physician has reviewed the test, you will be scheduled for an appointment to review the results.

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

**When you are dizzy, do you experience any of the following sensations/symptoms?  
Check all that apply.**

- ☐ Spinning
- ☐ Lightheadedness
- ☐ Double/blurred vision
- ☐ Swimming sensation in the head
- ☐ Black out/loss of consciousness
- ☐ Hearing loss
- ☐ Tinnitus (noises in the head/ears)
- ☐ Full feeling in the ear(s)
- ☐ Nausea/vomiting
- ☐ Pressure in head/headache
- ☐ Sensitivity to light/noise
- ☐ Tendency to fall or veer - right - left - forward - backward

**What brings on your dizziness? Check all that apply.**

- ☐ Do you get dizzy after exertion or overwork?
- ☐ Does heavy lifting or straining bring on dizziness?
- ☐ Did you recently get new glasses/contacts?
- ☐ Do you get dizzy if you miss a meal?
- ☐ Do you get dizzy when standing up?
- ☐ Do you get dizzy when looking up?
- ☐ Do you get dizzy when bending over?
- ☐ Do you get dizzy with quick head movements?
- ☐ Do you get dizzy turning over in bed? Right? Left?
- ☐ Do you tend to get stressed easily?
- ☐ Have you ever had a neck or back injury?
- ☐ Do you get dizzy walking down the aisle in the grocery store?
- ☐ Do loud sounds make you dizzy?
- ☐ Does pressure in your ear make you dizzy?

**Health questions. Check all that apply.**

- ☐ Have you ever had ear surgery?
- ☐ Do you experience pain/discharge in ears?
- ☐ Do you have any allergies?
- ☐ Do you have acute ear/sinus infections?
- ☐ Do you have diabetes?
- ☐ Do you have high or low blood pressure?

## Describe your dizziness attacks

Is your dizziness constant or in attacks? When did first attack occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long since the last attack? How often do the attacks occur? How long do they last? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What, if any, warning signs do you have before an attack? Does dizziness occur in certain body/head positions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you completely free of dizziness between attacks? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any possible causes for your dizziness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of anything that will stop your dizziness or make it worse? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you exposed to any irritating fumes, paints, etc. at the onset of your dizziness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your dizziness in your own words and note any additional information that may be helpful in treating your dizziness. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please bring these form with you to your appointment.**