

# Videonystagmography (VNG) Testing

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|-------|---------|
| Name: | Age:    |
| Date: | Gender: |

Please answer the following questions to the best of your ability. Your answers will help us determine if you are a good candidate for a Videonystagmography (VNG) test.

| Question   | Answer Options   | Interpretation  |
|--|--|---|
| 1. Have you been diagnosed with a vestibular or balance disorder?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If the answer is yes, the VNG test may be helpful in further evaluating the condition.  |
| 2. Have you experienced any of the following symptoms in the past 6 months: dizziness, vertigo, spinning sensations, lightheadedness, nausea, or vomiting? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If the answer is yes, the VNG test may help identify the cause of the symptoms.   |
| 3. Have you recently had any changes in hearing, such as ringing in the ears or muffled hearing?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Changes in hearing can be indicative of an inner ear disorder, which may be evaluated with a VNG test.                        |
| 4. Have you had any recent head injuries or concussions?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Head injuries can affect the functioning of the inner ear and vestibular system, which may be evaluated with a VNG test.      |
| 5. Are you taking any medications that may affect your balance or vision?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Certain medications, such as those for motion sickness or anxiety, can affect the results of a VNG test.                      |
| 6. Do you have any conditions that may make it difficult to perform certain movements or positions, such as neck problems or joint pain?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | The healthcare provider may need to modify the VNG test procedure based on any physical limitations.                          |
| 7. Have you ever experienced any symptoms of migraine, such as headaches, sensitivity to light or sound, or visual disturbances?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Migraine can be associated with vestibular symptoms and may be evaluated with a VNG test.                                     |
| 8. Have you ever been diagnosed with a neurological condition, such as multiple sclerosis or Parkinson's disease?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Certain neurological conditions can affect balance and coordination and may be evaluated with a VNG test.                     |
| 9. Have you ever undergone any ear surgeries or procedures, such as a cochlear implant or ear tube insertion?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ear surgeries can affect the functioning of the inner ear and vestibular system, which may be evaluated with a VNG test.      |
| 10. Do you have a history of anxiety or panic attacks?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Anxiety and panic attacks can sometimes cause dizziness or other vestibular symptoms, which may be evaluated with a VNG test. |

The answers to these questions will help the healthcare provider determine if a VNG test is appropriate for the patient and whether any modifications to the test may be necessary based on the patient's individual circumstances.