

**Greenwich Ear Nose & Throat  
Head & Neck Surgery**  
49 Lake Avenue, Suite 103  
Greenwich, CT 06830  
Phone: (203) 869-2030  
Fax: (203) 869-9262

**Stamford Ear, Nose & Throat  
Head & Neck Surgery**  
125 Strawberry Hill Avenue, Suite 103  
Stamford, CT 06902  
Phone: (203) 348-7797  
Fax: (203) 964-3140

---

***Ear Nose & Throat- Head & Neck Surgery***

Stephen J. Salzer, M.D.  
Steven Bramwit, M.D.  
Michelle S. Marrinan, M.D.  
Elise Cheng, M.D.  
*Audiology & Hearing Aids*  
Perry H. Lerner, Au.D. FAAA  
Joshua Jablonski AuD.

**Patient Received Instructions**

**Date:** \_\_\_\_\_  
**Patient Name:** \_\_\_\_\_  
**Patient Signature:** \_\_\_\_\_

**Videonystagmography (VNG)**

Videonystagmography (VNG) is a sophisticated computer driven diagnostic test that helps us evaluate vertigo, imbalance, disequilibrium, dizziness, "spaceyness" or lightheadedness. It helps us to characterize the symptoms you feel, and determine if it may be related to a problem of the inner ear or brain. Often, the results help us make a diagnosis, and then a proper course of treatment will be recommended.

Certain medications can interfere with the interpretation of the results. Please do not take any of the following at least 48 hours prior to your visit:

- alcohol, beer or wine
- sleeping pills, sedatives, or tranquilizers
- narcotic pain medication including codeine, Percocet and Vicodin
- antihistamines or sedating allergy/cold medications
- anti-nausea or vertigo medication including meclizine (Antivert), bonamine and valium

Do not stop your other prescribed medications.

Please eat lightly three or more hours prior to your appointment. If your appointment is in the morning you may have a light breakfast such as toast and juice. If your appointment is in the afternoon eat an early light snack for lunch.

The test normally takes about 1 hour, but may last up to 2 hours. Please arrive a few minutes early.

**If for any reason you cannot honor your appointment for this test, please call us at least 24 hours in advance so that we may offer the time slot to another waiting patient. A missed appointment without notice will incur a \$100 fee.**

The test involves measuring eye movements with video lenses and we ask that you please refrain from wearing any eye make-up, especially mascara. If you wear glasses but can alternatively wear contact lenses, please wear your lenses. Wear comfortable clothes; women may wish to wear slacks.

Occasionally some individuals feel a sensation of motion that may linger after the test. Please have someone drive you to the office and then home.

VNG QUESTIONNAIRE

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

History: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ SJS MM BR

Relevant medications: \_\_\_\_\_

**Please answer all of the following questions.**

1. Since your last visit, what symptoms have you experienced? \_\_\_\_\_  
\_\_\_\_\_

2. Have the intensity and frequency changed or fluctuated since the onset? \_\_\_\_\_  
\_\_\_\_\_

3. How would you describe your symptoms? (Check and circle any that apply)
- ☐ lightheadedness (constant / come and go in attacks)
  - ☐ wooziness (constant / come and go in attacks)
  - ☐ spinning – I'm still and the room spins (constant / come and go in attacks)
  - ☐ spinning – The room is still and I'm spinning (constant / come and go in attacks)
  - ☐ off-balance (constant / come and go in attacks)
  - ☐ faintness / blackouts (constant / come and go in attacks)

4. If your symptoms do come and go in attacks, please answer the following two questions:

a. How often do they come? Hourly daily weekly monthly yearly

b. How long do they usually last? Seconds a few minutes 20 minutes  
more than half an hour hours days weeks

5. Are you completely free of your symptoms between attacks? Y/ N

6. Can you tell when an attack is about to start? Y/ N

7. Is there something specific that triggers your symptoms, i.e. walking, chemicals, food, etc?

\_\_\_\_\_  
\_\_\_\_\_

8. Do the following changes in position have any effect on you? (circle any that apply)

bending over	reaching up on to a shelf	rolling over in bed
standing up quickly	lying down	moving head quickly to the side
If yes, they can	trigger an attack or	just make the symptoms worse

9. How would you describe the intensity when your symptoms are the worst?

- ☐ I am able to go on with my usual activities
- ☐ I am able to go on with only some of my usual activities
- ☐ I am completely incapacitated and must go to bed

10. Please circle any other symptoms that you experience and if it is one sided or both:

nausea/vomiting	decrease in hearing (R/L)	draining from your ears (R/L)
fullness in ears (R/L)	pain in your ears (R/L)	noises in your ears (R/L)
headaches	noises in your head (R/L)	pressure in your head (R/L)
blurred vision	blindness	double vision

11. Do you have problems with the following (please check and circle all that apply)

- ☐ weakness or clumsiness with arms, legs
- ☐ numbness or tingling of face, fingers, toes
- ☐ difficulty with speech or swallowing
- ☐ losing consciousness, blacking out, experiencing confusion or memory loss
- ☐ rapid heartbeat or palpitations
- ☐ unexpected shortness of breath
- ☐ pain or stiffness of the neck
- ☐ arthritis problems or restriction in the range of motion of the neck
- ☐ hypersensitivity to visual stimulation:
  - ☐ everything is too bright
  - ☐ cannot look at a busy print or design (carpets, clothing, etc.)
  - ☐ too much movement (shopping in a crowded store, etc.)
  - ☐ everything has an aura or a hazy glow
- ☐ hypersensitivity to auditory stimulation
  - ☐ everything is too loud
  - ☐ overwhelmed with background noise
- ☐ hypersensitivity to motion
  - ☐ riding in cars, trains, etc.
  - ☐ riding in elevators

12. Have you in the past or do you now have any of the following?

migraines	concussion	skull fracture	whiplash
high blood pressure	heart attack	mini strokes (TIA)	strokes
circulation problems	heart problems	cancer/chemotherapy	seizures
unconsciousness	diabetes	allergies/sinus	thyroid problems