

## VNG PREPARATION

Your doctor has scheduled you for an inner ear test called VNG (videonystagmography). The VNG can help them understand the cause of your dizziness or balance problem.

During the test you will wear video goggles on your head that will allow the examiner to observe and measure eye movements that are associated with your inner ear & brain mechanism that controls balance. Your inner ears will be stimulated with warm and cool water to measure their response. The whole test takes about an hour and a half to two hours. There is generally little discomfort. Certain parts may make you feel dizzy, but this dizziness subsides quickly. Each step of the test will be explained to you as the test is done. After the results are interpreted, they will be sent to your doctor.

We do not require you to have a driver, but it is recommended as some people are more sensitive than others to the portion of the test that generates dizziness.

**In order to achieve the best test results, you should carefully follow these instructions:**

- Fill out the questionnaire and bring to your appointment already completed.
- Do not take any anti-dizzy medications or anti-nausea medications for 24 hours prior to your test, including Meclizine, Antivert, Dramamine, Scopolamine patches, Zofran, Phenergan, Bonine, Benadryl or antihistamines (list is not complete).
- Please wash your face thoroughly. (Mascara, make-up, creams and lotions should **NOT** be used).
- Do not drink any alcohol or use illicit drugs 24 hours prior to your appointment.
- Do not take any sleeping medication (prescription or over the counter) for 24 hours prior to test, however, you can continue Melatonin.
- Do not take any allergy or cold medications that makes you sleepy. Non-drowsy formulas are okay. Continue nasal sprays. Do not take antihistamines for 24 hours.
- CONTINUE all of your life sustaining medications such as water pills, blood thinners, medications for seizures, heart conditions, blood pressure, diabetes, lung or breathing conditions, asthma, kidney or liver problems, etc. You may also continue antibiotics or steroids.

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

**Which of the following best describes your symptoms?**

- I only feel like the room is spinning but don't actually see it move.
- It looks like the room is moving / spinning around me or moving up and down or side to side.
- I feel lightheaded.
- I feel unsteady.
- I have fallen.
- I have passed out.
- Additional description you want to share with us: \_\_\_\_\_

**When did your symptoms begin?** \_\_\_\_\_

**Have you ever had dizziness before?** Yes No If yes, how long ago? \_\_\_\_\_

**Please mark all those that apply to you:**

- My symptoms are constant, and I am dizzy every day, whether I am sitting, standing or lying down.
- My symptoms come and go.
  - My symptoms last for just seconds.
  - My symptoms last for just minutes.
  - My symptoms last for hours.
  - My symptoms last for days or longer.
- My symptoms are only present when I am standing or walking.
- I have nausea.
- My symptoms have made me vomit.
- I get dizzy rolling over in bed. To which side? \_\_\_\_\_
- I get dizzy looking up.
- I get dizzy bending over.
- I get dizzy when I first get into bed.
- I am only dizzy/off balance when I am standing or walking.
- I get dizzy when I sneeze, cough, laugh loudly, or when exposed to very loud noise.
- I have frequent headaches.
- I have a history of migraines.
- I have had a stroke or TIA.
- I have neck and back problems.
- I have an eye disorder besides needing glasses. If so, what? \_\_\_\_\_
- I have received IV antibiotics for a life-threatening illness.
- I have had balance testing prior to today. If so, where & when: \_\_\_\_\_
- I drink caffeine. If so, how much? \_\_\_\_\_
- I smoke/chew tobacco. If so, how much? \_\_\_\_\_
- I drink alcohol. If so, how much? \_\_\_\_\_
- I use recreational drugs. If so, how much? \_\_\_\_\_

**\*Please bring a list of your medications or include them on the back of this sheet\***