Name: **Date of birth:** **Today's Date:**

Prepare for a visit to the doctor about fainting or dizzy symptoms.

Episodes – What kind of spells do you have: circle all of them: faint/pass out, get dizzy

(If you have had more than 1 episode, pick one that is more like all the rest and describe it. Later in the form, you will be able to add information about the other episodes.

Just before the "episode" - dizzy spell, fainting: check the box or circle answer

1. What position are you in? Are you
   - ☐ standing sitting or lying down

2. What are you doing at the time it happens?
   - ☐ Resting
   - ☐ Changing position (going from lying down to sitting up, from lying down to standing up, sitting to standing up?
   - ☐ Is it just before or just after you exercise?

Did it happen while you were doing any of these things – or just after you were done:

- ☐ Urinating (passing urine/water, peeing)
- ☐ Going to the bathroom (having a bowel movement, BM, going number 2, defecating, "pooping")
- ☐ Coughing spell (or sneezing or laughing)
- ☐ Swallowing

2. What things seem to set it off? Or does it happen more often in these situations?
   - ☐ Crowded, warm places
   - ☐ Hot weather, hot shower, getting hot!
   - ☐ Standing for a long time
   - ☐ After you eat
   - ☐ Events that set it off
     - Really scarey situation (or movie)
     - Blood – seeing it, blood drawn, giving blood
     - Intense pain
     - Medical procedure
     - Moving your neck a certain way

When the episode is starting, circle all the things you feel before you pass out. If you don't pass out, what do you feel at the start of an "episode", when you stand up for a while?

Nausea	Sweating	Dizziness or light-headed
Vomiting	Aura	Skipped heart beats or really fast heart beating
Discomfort or pain in the abdomen/stomach	Pain in back of head/neck or shoulders	Feel short of breath/hard to catch you breath
Feel cold	Blurred vision – tunnel vision	

When the episode is over (if you pass out). (If you don't pass out but the episode keeps going after a minute, what other symptoms/feelings do you get?) Circle them.

Nausea	Sweating	Dizziness or light-headed
Vomiting	Confusion	Skipped heart beats or really fast heart beating
Discomfort or pain: abdomen/stomach	Hard to think or find words	Change in skin color/temperature
Feel cold	Pain in back of head/neck or shoulders	Loss of control of urine or stool
Muscle aches	Blurred vision – tunnel vision	Injury/got hurt from falling
Low back pain	Pressure in your chest	

By Kay E. Jewell, MD – Downloaded from ©The Orthostatic Center (www.theoicenter.com). 5/25/2012

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If you pass out, what do people tell you happened? Check the box or circle your answers

1. How long were you unconscious? (they couldn't wake you up)

2. How did you fall? Did you kneel over? Slump down?

3. Did your skin change color?
   - ☐ Did you get pale?
   - ☐ Did your lips turn bluish?
   - ☐ Was your face blue?
   - ☐ Did your cheeks get flushed (pink or red)?

4. Did your body/arms and legs move?
   - ☐ How did they describe the movements?
   - ☐ Were they on one side of your body or both sides? Just your hand or your whole arm?
   - ☐ Were your muscles twitching? Yes / No
   - ☐ How long did the movements last?
   - ☐ Did they start right away as you lost consciousness or were you on the ground before they started?
   - ☐ Did you chew, smack your lips, froth at the mouth?
   - ☐ Did you bite your tongue? Yes / No

Other information about the episodes (spells)

Fill this part out if you have had more than 1 of these episodes.

If the other episodes are different from the one you described, how are they different?

Have you ever fainted or passed out?
When?
What happened?

How often do you get these episodes?
- ☐ At its worse, how many do you get? _____(number)
- ☐ Circle whether that number is -- in a day. In a week. In a month.

What do you think makes them worse?

What do you do that sets them off or makes them happen?

How can you prevent them? What do you do to make them less intense?

Can you do anything that will stop them from happening?

Are the "spells" or episodes changing? How are they changing?

Are they getting worse? Yes / No
How are they worse:
- ☐ More severe symptoms?
- ☐ More symptoms?
- ☐ More often?
- ☐ Do you know what makes them worse?

Are they getting better? Yes / No
How are they better?
- ☐ Less severe symptoms?
- ☐ Fewer symptoms?
- ☐ Not as often?
- ☐ Do you know what makes them better?

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How all this started

When did all this start?

Did it start quickly, over night or was it slow, gradual over days/weeks?

How would you describe your health before all this started?

- ☐ Were you "athletic"?
- ☐ Physically active?
- ☐ A Type A personality?

Did you have any health event before all this started?
First - Check all of things you had in the 6 months before these spells started.

- ☐ An infection – a virus like a cold or stomach flu, mononucleosis, shingles, strep throat
- ☐ A head injury – concussion, brain injury
- ☐ Other trauma, like car accident
- ☐ Surgery
- ☐ Pregnancy

Now, go back and circle all the ones that happened more than once. For example, if you had 3 infections in the 6 months before, circle 'infection'.

In the last 3 months, how many total days were you in bed because of illness (or other reason)

- ☐ 2 days?
- ☐ 7 days?
- ☐ 14 days?
- ☐ More- how many days? _____

Were you in the ICU? Yes/No
How long?

What other health problems do you have?

- ☐ Anemia
- ☐ Chronic Fatigue Syndrome (CFS)
- ☐ Fibromyalgia
- ☐ Hypermobility – very flexible joints
- ☐ Lactose intolerance (get indigestion from milk)
- ☐ Irritable bowel syndrome
- ☐ GERD – Esophageal Reflux
- ☐ Anxiety
- ☐ Depression
- ☐ Osteopenia (thin bones) or osteoporosis
- ☐ OTHER:

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What other symptoms do you have?

- ☐ Allergies
- ☐ Sore throat
- ☐ Swollen glands
- ☐ Heart burn
- ☐ Diarrhea
- ☐ Constipation
- ☐ Gas
- ☐ Brain fog (hard to think, concentrate, substitute words, hard to find words you want to use, new problem doing simple math , can't write/spell simple words like your name)
- ☐ Problem walking – stagger, can't walk straight line
- ☐ Headaches
- ☐ Can't exercise like I used to – get really tired afterward or the next day:
- ☐ Can't walk up a flight of stairs without getting short of breath or having to stop to rest/catch your breath
- ☐ Hands/feet get cold or hot, sweat, turn blue, turn red
- ☐ Pain in muscles, in joints, in whole leg/arm
- ☐ Weak: can't do things like carry light things, raise arms to wash hair
- ☐ Fatigue – really bad, intense, can't get out of bed or do anything
- ☐ Sleep problem – can't get to sleep, staying up in night - sleep a lot of hours (more than 10 hours a day)

OTHER:

Other health problems	You	Family Member
Heart problems: name them		
Diabetes		
Thyroid –		
• Low - hypothyroid		
• High – hyperthyroid		
Adrenal glands		
Blood pressure (BP) problems		
• High BP		
• Low BP		
Neurologic problem: epilepsy, Parkinsonism, narcolepsy		
OTHER:		