

Vertigo diary

Name: _____ Month/Year: _____

Date/Time	Vertigo type	Vertigo duration	Vertigo strength	Trigger/Situation	Other symptoms	Therapy measures	Additional data
Week: _____							
Week: _____							

Vertigo type: Rotational vertigo, gait insecurity, sway vertigo, drowsiness, not definable

Vertigo strength: light, medium, strong

Trigger: Head movement, standing up, walking, visual stimulus, coughing, sneezing...

Other symptoms: Headache, nausea or vomiting, visual disturbance, risk of falling, ear pressure...

Therapy measures: Balance exercises, medication, rest...

Additional data: Blood pressure, blood sugar, ...

