

Your doctor has scheduled you for an inner ear test called VNG (videonystagmography) . The test takes from 60 to 90 minutes to complete and is based on an involuntary eye movement called nystagmus. 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. Part of the test involves gently blowing different temperatures of air in your ears, which is designed to cause brief dizziness. 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.

**VNG TEST INSTRUCTIONS – failure to follow these instructions will require rescheduling your appointment**

- Fill out the questionnaire on the back of this page and bring to your appointment already completed.
- Do not take any anti-dizzy medications or anti-nausea medications for a full 48 hours prior to your test, including Meclizine, Antivert, Dramamine, Scopolamine patches, Zofran, Phenergan, Bonine, Benadryl or antihistamines (list is not complete).**
- Do not eat two hours before the test unless you are diabetic. Keep liquids to a minimum.
- Do not wear any eye make-up or false eyelashes. Make sure all mascara residue is removed.
- Do not drink ANY alcohol or use illicit drugs in the 48 hours prior to your appointment.
- Do not take any sleeping medication (prescription or over-the-counter) for 48 hours prior to test, however, you can continue Melatonin.
- If you are taking any prescription medications for pain, depression, anxiety, mood disorders, etc., please stop these as well for a full 48 hours UNLESS you have been taking these medications consistently for more than six months. Please inform us at the time of your test whether you were able to stop these types of medications. **Please note: Some medications should not be stopped abruptly and you should seek the guidance of your prescribing physician regarding whether stopping these medications is safe for you.**
- 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 48 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.

Late arrivals will be rescheduled. Children are not allowed in the testing room as visitors. Any patient under the age of 18 must be accompanied by a parent or legal guardian. **Scheduling Line: 614-366-3687**

ARRIVAL TIME: \_\_\_\_\_ **PLEASE ARRIVE 15 MINUTES PRIOR TO APPT TIME FOR REGISTRATION**

APPOINTMENT TIME: \_\_\_\_\_ on \_\_\_\_\_

APPOINTMENT LOCATION: OSU EYE & EAR INSTITUTE AT 915 OLENTANGY RIVER ROAD, 4<sup>th</sup> Floor, COLUMBUS, OH 43212

**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 this 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, all 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 hearing loss.              *Which ear?* \_\_\_\_\_
- I have ringing in my ears.        *Which ear?* \_\_\_\_\_
- I have pressure in my ears.       *Which ear?* \_\_\_\_\_
- 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 ear surgery.
- I have had balance testing prior to today. If so, where & when: \_\_\_\_\_