

Prescreening Answers

Q1: How long have you been experiencing dizziness, and does it occur at specific times or under certain conditions?

Answer: i feel dizzy

Q2: Have you noticed any other symptoms accompanying the dizziness, such as nausea, headaches, or changes in vision?

Answer: yes

Q3: Have you recently started any new medications or changed the dosage of existing ones?

Answer: no

Q4: Do you have any history of medical conditions, such as diabetes, anemia, or inner ear problems, that could contribute to dizziness?

Answer: yes

Q5: Have you experienced any recent changes in your diet, hydration levels, or physical activity that might affect your balance or dizziness?

Answer: yes