Carolina Ear & Hearing Clinic, PC ★

Pre-Test Instructions: Videonystagmography Testing (VNG)

The VNG test is a necessary test to evaluate your balance system due to your symptoms. The VNG is a simple, painless procedure performed by a Doctor of Audiology and lasts about 1.5 hours. If you are experiencing balance problems, this test will help determine the condition of the balance portion of your inner ear. The test consists of visual tasks, sitting and laying in different positions, and "caloric testing." Caloric testing involves both cool and warm air presented into your ear. The cooling and warming effect of the fluids in your inner ear causes many people to experience dizziness of a short duration and subsides by the completion of the test.

Medication Information

Certain medications can interfere with the results of this test. Therefore, do not take any of the following medications at least 48 hours (preferably 72 hours) prior to the test. ***Consult with your prescribing physician prior to stopping any of these medications. If you are unable to discontinue your medications, please call the office at least 48 hours before your scheduled appointment to discuss.**

- **Anti-Nausea:** Compazine, Dramamine, Bonine, Emend, Inapsine, Marezine, Vontrol, Marinol, Phenergan, Thorazine, Zofran, etc.
- **Anti-vertigo:** Antivert, Imitrex, Meclizine, Phenergan, Scopolamine, Zofra etc.
- **Anti-Histamines:** Actifed, Alavert, Alka-Seltzer, Allegra, Benadryl, Chlor-Trimeton, Claritin, Dimetapp, Tavist, Triaminic, Vick's NyQuil, Zyrtec, any over-the-counter cold remedies, etc.
- **Sedatives & Antidepressants:** Abilify, Ativan, Antaraz, Buspar, Celexa, Cymbalta, Depakote, Equanil, Etrafon, Haldol, Klonopin, Librium, Miltown, Paxil, Prozac, Risperdal, Serax, Seroquel, Thorazine, Triavil, Valium, Vistaril, Zoloft, Xanax, Zyprexa, etc.
- **Sleep Aids:** Ambien, Halcion, Lunesta, Nembutal, Restoril, Rozerem, Sonata, Seconal, Dalmane, Butisol, any other sleeping pills, etc.
- **Narcotics and Barbituates/Pain medications:** Codeine, Demerol, Dilaudid, Hydrocodone, Lortab, Mepergan, MS-Contin, Oxycodone, OxyContin, Oxymorphone, Percocet, Percodan, Roxanol, Phenobarbital, Tylenol w/codeine, Vicodin, etc.
- **Stimulants:** Adderall, Concerta, Focalin, Metadate, Ritalin, Strattera, Vyvanse, other medications for ADHD, amphetamines, etc.
- **Alcohol:** Including beer, wine, cough medicines containing alcohol, etc.

*If you are hypoglycemic, please let us know prior to your appointment.

***If you are taking medications for Blood Pressure, Heart, Thyroid, Diabetes, and/or Seizures, continue taking your medications as prescribed**.

Important Instructions

1. Do not wear make-up to the test.
2. Avoid caffeinated beverages or use of tobacco at least 8 hours prior to the test.
3. Avoid solid foods for about 3 hours prior to testing.
4. Wear loose and comfortable clothing.
5. It is recommended to have someone drive you home following your testing.

***Failure to follow these instructions can cause inaccurate test results.**

If you have any questions regarding these instructions, please call the office at (919) 876-4327.

***THERE IS A $100.00 CANCELATION / NO SHOW FEE.**
(WE REQUIRE 48 HR NOTICE TO CANCEL OR RESCHEDULE.)

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Dizziness Handicap Inventory

Instructions: The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness. Please check "always", or "no" or "sometimes" to each question. Answer each question only as it pertains to your dizziness problem.

	Questions	Always	Sometimes	No
P1	Does looking up increase your problem?	☐	☐	☐
E2	Because of your problem, do you feel frustrated?	☐	☐	☐
F3	Because of your problem, do you restrict your travel for business or pleasure?	☐	☐	☐
P4	Does walking down the aisle of a supermarket increase your problem?	☐	☐	☐
F5	Because of your problem, do you have difficulty getting in to or out of bed?	☐	☐	☐
F6	Does your problem significantly restrict your participation in social activities, such as going out to dinner, going to movies, dancing, or going to parties?	☐	☐	☐
F7	Because of your problem, do you have difficulty reading?	☐	☐	☐
F8	Does performing more ambitious activities like sports, dancing, and household chores, such as sweeping or putting dishes away, increase your problem?	☐	☐	☐
E9	Because of your problem, are you afraid to leave your home without having someone accompany you?	☐	☐	☐
E10	Because of your problem, have you been embarrassed in front of others?	☐	☐	☐
P11	Do quick movements of your head increase your problem?	☐	☐	☐
F12	Because of your problem, do you avoid heights?	☐	☐	☐
P13	Does turning over in bed increase your problem?	☐	☐	☐
F14	Because of your problem, is it difficult for you to do strenuous housework or yardwork?	☐	☐	☐
E15	Because of your problem, are you afraid people may think that you are intoxicated?	☐	☐	☐
F16	Because of your problem, is it difficult for you to go for a walk by yourself?	☐	☐	☐
P17	Does walking down a sidewalk increase your problem?	☐	☐	☐
E18	Because of your problem, is it difficult for you to concentrate?	☐	☐	☐
F19	Because of your problem, is it difficult for you to walk around your house in the dark?	☐	☐	☐
E20	Because of your problem, are you afraid to stay home alone?	☐	☐	☐
E21	Because of your problem, do you feel handicapped?	☐	☐	☐
E22	Has your problem placed stress on your relationship with members of your family or friends?	☐	☐	☐
E23	Because of your problem, are you depressed?	☐	☐	☐
F24	Does your problem interfere with your job or household responsibilities?	☐	☐	☐
P25	Does bending over increase your problem?	☐	☐	☐

Explanation of Audiological Tests

Carolina Ear & Hearing Clinic, PC ★
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You have been referred for further necessary testing to evaluate the cause of your hearing and associated symptoms. One of our Doctors of Audiology will be administering the test. Please see below for a brief explanation of the test to be completed. The audiologist will explain in detail on your appointment day.

☐ **Auditory Brainstem Response (ABR):**
This test gives information about the hearing pathways from your inner ear to the brain. It is a painless test involving presentation of clicking sounds in your ears and sticker electrodes to record the data. We will evaluate both ears to compare results. The test takes about 45 minutes to complete.

☐ **Electrocochleography (ECOG):**
This test evaluates the electrical potentials generated in your inner ear and hearing nerve. Clinically, it is used to evaluate for excess of fluid/pressure in your inner ear which may be causing your symptoms. It is a painless test involving presentation of clicking sounds in your ears and sticker electrodes to record the data. We will evaluate both ears to compare results. The test takes about 60 minutes to complete.

☐ **Electroneuronography (ENOG):**
This test evaluates the current status and integrity of your facial nerve due to your symptoms. It involves presentation of a low amount of electrical stimulation of the facial nerve. This test takes about 90 minutes to complete.

☐ **Vestibular Evoked Myogenic Potentials (VEMP):**
This test evaluates a specific part of your balance system to determine the cause of your symptoms. It is a painless test involving presentation of clicking sounds in your ears with sticker electrodes to record the data. Your head will be moved in a couple different positions. This test takes about 60 minutes to complete.

To ensure the best response using sticker electrodes on your face,
please **do not wear make-up** to the testing.

If you need to reschedule or cancel your appointment,
please call **at least 48 hours in advance**.
If you do not call, you will be charged $50 for a no show fee.