History Taking in Vestibular Medicine

Structured Clinical Reference • Australian Dizziness Clinics • 2026

BÁRÁNY CLASSIFICATION — SYMPTOM CODING

Category	Plain-Language Examples
Vestibular Vertigo	"Room spins", "I spin", positional or spontaneous
Non-Vertiginous Dizziness	Foggy, woozy, floating, light-headed
Vestibulo-Visual Symptoms	Bouncing vision (oscillopsia), visual tilt
Vestibular Postural Symptoms	Unsteadiness, directional pulsion, falls

TITRATE FRAMEWORK

Syndrome	Timing	Trigger	Targeted Exam
AVS	Continuous hours–days	Spontaneous onset	HINTS+: head impulse, nystagmus, skew
EVS-positional	Seconds, recurrent	Head position change	Dix-Hallpike, supine roll
EVS-spontaneous	Minutes–hours, recurrent	Spontaneous	Audiogram, orthostatics, migraine Hx
CVS	Constant ≥3 months	Activity, visual motion	vHIT, DHI, Romberg

DURATION → DIFFERENTIAL (SPONTANEOUS EPISODES)

Duration	Most Likely Diagnoses
Seconds	BPPV (if positional), superior canal dehiscence
Minutes	Ménière's disease, TIA (posterior fossa)
Hours	Vestibular migraine, delayed Ménière's
Days	Acute vestibular syndrome (neuritis vs. stroke)
Weeks–constant	Bilateral VH, PPPD, incomplete compensation

♦ *The single most useful opening question: "Does the dizziness come on by itself, or does something trigger it?" Time spontaneous episodes. Characterise the trigger precisely.*

ASSOCIATED SYMPTOMS — FOUR DOMAINS

Domain	Red-Flag Feature	Likely Implication
Auditory	SSNHL + vertigo	Vascular, autoimmune, or infectious; ± brainstem involvement
Neurological	Diplopia, dysarthria, dysphagia, focal weakness	Central AVS — HINTS+, urgent MRI
Autonomic	Severe nausea in acute presentation	Favours acute peripheral over central vestibular lesion
Psychiatric	Pre-morbid anxiety, avoidance behaviour	PPPD; screen with HADS

STANDING — RED FLAG MNEMONIC

- **S — Stroke features:**diplopia, dysarthria, dysphagia, ataxia, facial palsy
- **T — Thunderclap headache:**sudden-onset occipital; posterior fossa bleed
- **A — Ataxia (severe):**cannot walk unaided; cerebellar or brainstem infarct
- **N — Nystagmus (central pattern):**pure vertical, direction-changing, or torsional at rest
- **D — Deafness (sudden):**SSNHL with vertigo — vascular/autoimmune emergency
- **I — HINTS abnormal:**normal head impulse + skew = central AVS
- **N — New headache with vertigo:**especially with vascular risk factors
- **G — Gait severely impaired:**cannot stand — urgent neuroimaging

THE 10-MINUTE VESTIBULAR HISTORY — STRUCTURED WORKFLOW

- **1. Bárány classification:**"Spinning, woozy, visual, or balance problem?"
- **2. Timing (TiTrATE):**"When did it start? Is it always there, or does it come and go?"
- **3. Triggers:**"Does anything bring it on — position, movement, stress, sound?"
- **4. Duration:**"How long does each episode last?"
- **5. Associated symptoms:**Screen auditory, neurological, autonomic, psychiatric
- **6. Red flags (STANDING):**Ask about stroke symptoms, headache, hearing loss
- **7. PMH + medications:**Migraine, autoimmune, cardiovascular; check vestibulotoxic drugs
- **8. Functional impact:**DHI-S (10-item screen); ask about work, driving, falls
- **9. Syndrome classification:**AVS / EVS / CVS — target your examination

♦ *History alone establishes a syndrome-level diagnosis in 80% of presentations. The examination confirms it — it rarely overturns it.*

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