



IEDCS Assessment Checklist

Date _____

Clinical Examination

Timed Romberg's ____/30 seconds

Timed Sharpened Romberg's ____ seconds

Dynamic Gait Index _____

HINTs Test

	Central Signs		Peripheral Signs	
Head Impulse	Negative	<input type="checkbox"/>	Positive Side of corrective saccade Right <input type="checkbox"/> Left <input type="checkbox"/>	<input type="checkbox"/>
Nystagmus None present <input type="checkbox"/>	Vertical nystagmus Direction-changing	<input type="checkbox"/> <input type="checkbox"/>	Left beating Right beating	<input type="checkbox"/> <input type="checkbox"/>
Test of Skew	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>

Q-Risk Score _____%

HOOYAH

	Typical IEBT		Typical IEDCS	
Hard to clear	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Onset of symptoms	During decent/at depth	<input type="checkbox"/>	On ascent/post dive	<input type="checkbox"/>
Otoscopic examination	Barotrauma present TEED score _____	<input type="checkbox"/>	No barotrauma	<input type="checkbox"/>
Your dive profile	Non provocative	<input type="checkbox"/>	Provocative	<input type="checkbox"/>
Additional symptoms	Isolated symptoms	<input type="checkbox"/>	Other DCS	<input type="checkbox"/>
Hearing loss	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fistula/Tragus Test	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>

Balance Retraining Booklet Given: ☐