Dizziness Handicap Inventory

Patient: _____ Date of Birth: _____ Date: _____

Instructions: The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness or unsteadiness. Please answer "yes", "no", or "sometimes" to each question. *Answer each question as it pertains to your dizziness or unsteadiness only.* ____ Initial ____ PR ____ R/E __ D/C

	QUESTIONS		YES	NO	Some-times
1	Does looking up increase your problem?	P			
2	Because of your problem, do you feel frustrated?	E			
3	Because of your problem, do you restrict your travel for business or recreation?	F			
4	Does your walking down the aisle of a supermarket increase your problem?	P			
5	Because of your problem, do you have difficulty getting into or out of bed?	F			
6	Does your problem significantly restrict your participation in social activities such as	F			
	going out to dinner, the movies, dancing, or to parites?				
7	Because of your problem, do you have difficulty reading?	F			
8	Does your performing more ambitious activities such as sports or dancing or household	P			
	chores such as sweeping or putting dishes away increase your problem?				
9	Because of your problem, are you afraid to leave your home without having someone accompany you	E			
10	Because of your problem, are you embarrassed in front of others?	E			
11	Do quick movements of your head increase your problem?	P			
12	Because of your problem, do you avoid heights?	F			
13	Does turning over in bed increase your problem?	P			
14	Because of your problem, is it difficult for you to do strenuous housework or yardwork?	F			
15	Because of your problem, are you afraid people may think you are intoxicated.	E			
16	Because of your problem, is it difficult for you to walk by yourself?	F			
17	Does walking down a sidewalk increase your problem?	P			
18	Because of your problem, is it difficult for you to concentrate?	E			
19	Because of your problem, is it difficult for you to walk around your house in the dark?	F			
20	Because of your problem, are you afraid to stay at home alone?	E			
21	Because of your problem, do you feel handicapped?	E			
22	Has your problem placed stress on your relationships with members of your family or friends?	E			
23	Because of your problem, are you depressed?	E			
24	Does your problem interfere with your job or household responsibilities?	F			
25	Does bending over increase your problem?	P			

Y X 4 N X 0 S X 2