

# Dizziness Handicap Inventory

Date: \_\_\_\_\_ Patient: \_\_\_\_\_ Age: \_\_\_\_\_

**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.*

| ITEM         | QUESTION   | P | E | F | Y  | N  | S  |
|--------------|--|---|---|---|----|----|----|
| 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 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 going out to dinner, the movies, dancing, or to parties?      | F |   |   |    |    |    |
| 7            | Because of your problem, do you have difficulty reading?   | F |   |   |    |    |    |
| 8            | Does performing more ambitious activities such as sports or dancing or household chores such as sweeping or putting dishes away increase your problem? | P |   |   |    |    |    |
| 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 |   |   |    |    |    |
|              |  |   |   |   | x4 | x0 | x2 |
| =            |  |   |   |   |    |    |    |
| <b>TOTAL</b> |  |   |   |   |    |    |    |

P \_\_\_\_\_ E \_\_\_\_\_ F \_\_\_\_\_

100-70 = severe perception of having a handicap,  69-40 = moderate perception of handicap,  39-0 = low perception of handicap