Dizziness Handicap Inventory

Instructions: Please complete this questionnaire and bring it with you on the day of testing. 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 problem only.

Name: ______________________________

P1. Does looking up increase your problems?
   Yes                     Sometimes            No

E2. Because of your problem do you feel frustrated?
   Yes                     Sometimes            No

F3. Because of your problem do you restrict your travel for business or recreation?
   Yes                     Sometimes            No

P4. Does walking down the aisle of a supermarket increase your problem?
   Yes                     Sometimes            No

F5. Because of your problems do you have difficulty getting in or out of bed?
   Yes                     Sometimes            No

F6. Does your problem significantly restrict your participation in social activities such as going out to dinner, movies, dancing, or parties?
   Yes                     Sometimes            No

F7. Because of your problem do you have difficulty reading?
   Yes                     Sometimes            No
P8. Does performing more ambitious activities like sports, dancing, and household chores such as sweeping or putting dishes away increase your problem?

Yes  Sometimes  No

E9. Because of your problems are you afraid to leave your home without having someone accompany you?

Yes  Sometimes  No

E10. Because of your problem have you been embarrassed in front of others?

Yes  Sometimes  No

P11. Do quick movements of your head increase your problem?

Yes  Sometimes  No

F12. Because of your problem do you avoid heights?

Yes  Sometimes  No

P13. Does turning over in bed increase your problem?

Yes  Sometimes  No

F14. Because of your problem is it difficult for you to do strenuous housework or yard work?

Yes  Sometimes  No

E15. Because of your problems are you afraid people may think you are intoxicated?

Yes  Sometimes  No

F16. Because of your problem is it difficult for you to go for a walk by yourself?

Yes  Sometimes  No

P17. Does walking down a sidewalk increase your problem?

Yes  Sometimes  No
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E18. Because of your problem is it difficult for you to concentrate?

Yes  Sometimes  No

F19. Because of your problem is it difficult for you to walk around your house in the dark?

Yes  Sometimes  No

E20. Because of your problem are you afraid to stay home alone?

Yes  Sometimes  No

E21. Because of your problem do you feel handicapped?

Yes  Sometimes  No

E22. Has your problem placed stress on your relationships with members of your family or your friends?

Yes  Sometimes  No

E23. Because of your problem are you depressed?

Yes  Sometimes  No

F24. Does your problem interfere with your job or household responsibilities?

Yes  Sometimes  No

P25. Does bending over increase your problem?

Yes  Sometimes  No