

Name: _____ Date: _____

Dizziness Handicap Inventory

The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness. Please mark “always”, “sometimes”, or “no” to each question. Answer each question as it pertains to your dizziness or balance problem only.

P1. Does looking up increase your problem?	Always	Sometimes	No
E2. Because of your problem, do you feel frustrated?	Always	Sometimes	No
F3. Because of your problem, do you restrict your travel for business or recreation?	Always	Sometimes	No
P4. Does walking down the aisle of a supermarket increase your problem?	Always	Sometimes	No
F5. Because of your problem, do you have difficulty getting in or out of bed?	Always	Sometimes	No
F6. Does your problem significantly restrict your participation in social activities such as going out to dinner, going to the movies, dancing, or to parties?	Always	Sometimes	No
F7. Because of your problem, do you have difficulty reading?	Always	Sometimes	No
P8. Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?	Always	Sometimes	No
E9. Because of your problem, are you afraid to leave your home without having someone accompany you?	Always	Sometimes	No
E10. Because of your problem, have you been embarrassed in front of others?	Always	Sometimes	No
P11. Do quick movements of your head increase your problem?	Always	Sometimes	No
F12. Because of your problem, do you avoid heights?	Always	Sometimes	No
P13. Does turning over in bed increase your problem?	Always	Sometimes	No
F14. Because of your problem, is it difficult for you to do strenuous housework or yard work?	Always	Sometimes	No
E15. Because of your problem, are you afraid people may think you are intoxicated?	Always	Sometimes	No
F16. Because of your problem, is it difficult for you to go for a walk by yourself?	Always	Sometimes	No
P17. Does walking down a sidewalk increase your problem?	Always	Sometimes	No
E18. Because of your problem, is it difficult for you to concentrate?	Always	Sometimes	No

F19. Because of your problem, is it difficult for you to walk around the house in the dark?	Always	Sometimes	No
E20. Because of your problem, are you afraid to stay home alone?	Always	Sometimes	No
E21. Because of your problem, do you feel handicapped?	Always	Sometimes	No
E22. Has your problem placed stress on your relations with members of your family or friends?	Always	Sometimes	No
E23. Because of your problem, are you depressed?	Always	Sometimes	No
F24. Does your problem interfere with your job or household responsibilities?	Always	Sometimes	No
P25. Does bending over increase your problem?	Always	Sometimes	No
Total:			

Always = 4 points Sometimes = 2 points No = 0 points.

Total: _____/100.