

Dizziness Handicap Inventory

Patient: _____ Date of Birth: _____

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		Y	S	N
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?	F			
4.	Does walking down the aisle of a supermarket increase your problem?	P			
5.	Because of your problem, do you have difficulty getting in or out of bed?	F			
6.	Does your problem restrict your participation in social activities?	F			
7.	Because of your problem, do you have difficulty reading?	F			
8.	Does performing activities like sports or chores increase your problem?	P			
9.	Because of your problem, are you afraid to leave your home alone?	E			
10.	Because of your problem, have you been embarrassed in front of others?	E			
11.	Do quick movement 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.	Is it difficult for you to do strenuous housework or yard work?	F			
15.	Because of your problem, is it difficult for you to walk around by yourself?	E			
16.	Because of your problem, is it difficult for you to walk around 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 home alone?	E			
21.	Because of your problem, are you afraid to stay home alone?	E			
22.	Because of your problem, do you feel handicapped?	E			
23.	Has your problem placed stress on your relationship with friends and family?	E			
24.	Does your problem interfere with your job or household responsibilities?	F			
25.	Does bending over increase your problem?	P			

P _____ E _____ F _____

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