

# Dizziness Handicap Inventory

Date: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

**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  | 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/dancing or household chores such as sweeping or putting away dishes 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?   | E |    |    |    |
| 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 |
|       |   | = |    |    |    |
| TOTAL |   |   |    |    |    |

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

100-70 (severe perception of having a handicap) 69-40 (moderate perception of having a handicap) 39-0 (low perception of having a handicap). \*Jacobson GP, Newman CW; The development of the dizziness handicap inventory. Arch Otolaryngol Head Neck Surg, 1990; 116: 424-427