

# 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	P	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
		=			
<b>TOTAL</b>					

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