DIZZINESS HANDICAP INVENTORY

Patient Name _____ Date _____

INSTRUCTIONS: Please CIRCLE the correct response:

1. I have dizziness/unsteadiness: (1) 1 per month (2) >1 but < 4 per month (3) more than one per week
2. My dizziness/unsteadiness is: (1) mild (2) moderate (3) severe

Please read carefully: The purpose of the scale is to identify difficulties that you may be experiencing because of your dizziness/unsteadiness. Please check off "YES", "SOMETIMES", or "NO" to each item. Answer each question as it pertains to your dizziness/unsteadiness only.

YES	SOMETIMES	NO		
____	____	____	P1.	Does looking up increase your problem?
____	____	____	E2.	Because of your problem, do you feel frustrated?
____	____	____	P3.	Because of your problem, do you restrict your travel for business or recreation?
____	____	____	P4.	Does walking down the aisle of a supermarket increase your problem?
____	____	____	P5.	Because of your problem, do you have difficulty getting into or out of bed?
____	____	____	P6.	Does your problem significantly restrict your participation in social activities such as going out to dinner, going to movies, dancing, or to parties?
____	____	____	P7.	Because of your problem, do you have difficulty reading?
____	____	____	P8.	Does performing more ambitious activities like sports, dancing, housechores such as sweeping or putting dishes away increase your problem?
____	____	____	E9.	Because of your problem, are you afraid to leave your home without someone accompanying you?
____	____	____	E10.	Because of your problem, have you been embarrassed in front of others?
____	____	____	P11.	Do quick movements of your head increase your problem?
____	____	____	P12.	Because of your problem, do you avoid heights?
____	____	____	P13.	Does turning over in bed increase your problem?
____	____	____	P14.	Because of your problem, is it difficult for you to do strenuous house work or yard work?
____	____	____	E15.	Because of your problem, are you afraid people may think you are intoxicated?
____	____	____	P16.	Because of your problem, is it difficult for you to go for a walk by yourself?
____	____	____	P17.	Does walking down a sidewalk increase your problem?
____	____	____	E18.	Because of your problem, is it difficult for you to concentrate?
____	____	____	P19.	Because of your problem, is it difficult for you to walk around your house in the dark?
____	____	____	E20.	Because of your problem, are you afraid to stay home alone?
____	____	____	E21.	Because of your problem, do you feel handicapped?
____	____	____	E22.	Has your problem placed stress on your relationships with members of your family or friends?
____	____	____	E23.	Because of your problem, are you depressed?
____	____	____	P24.	Does your problem interfere with your job or household responsibilities?
____	____	____	P25.	Does bending over increase your problem?

_____
Examiner

OTHER COMMENTS: _____