

Dizziness Handicap Inventory

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 problem only.*

ITEM		RESPONSE
P1.	Does looking up increase your problem?	_____
E2.	Because of your problem, do you feel frustrated?	_____
F3.	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?	_____
F5.	Because of your problem, do you have difficulty getting into or out of bed?	_____
F6.	Does your problem significantly restrict your participation in social activities such as going out to dinner, going to movies, dancing, or to parties?	_____
F7.	Because of your problem, do you have difficulty reading?	_____
P8.	Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?	_____
E9.	Because of your problem, are you afraid to leave your home without having someone accompany you?	_____
E10.	Because of your problem, have you been embarrassed in front of others?	_____
P11.	Do quick movements of your head increase your problem?	_____
F12.	Because of your problem, is it difficult for you to do strenuous housework or yardwork?	_____
P13.	Does turning over in bed increase your problem?	_____
F14.	Because of your problem, is it difficult for you to do strenuous housework or yardwork?	_____
E15.	Because of your problem, are you afraid people may think you are intoxicated?	_____
F16.	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?	_____
F19.	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?	_____
F24.	Does your problem interfere with your job or household responsibilities?	_____
P25.	Does bending over increase your problem?	_____

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