

## Dizziness Handicap Inventory

**INSTRUCTIONS:** The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your dizziness. Please answer every question. Please do not skip any questions. Place an **X** in the box which applies to you.

		Yes	Sometimes	No
P	1. Does looking up increase your problem?			
E	2. Because of your problem, do you feel frustrated?			
F	3. Because of your problem, do you restrict your travel for business or recreation?			
P	4. Does walking down the aisle of a supermarket increase your problem?			
F	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, going to movies, dancing, or to parties?			
F	7. Because of your problem, do you have difficulty reading?			
P	8. Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?			
E	9. Because of your problem, are you afraid to leave home without having someone with you?			
E	10. Because of your problem, have you been embarrassed in front of others?			
P	11. Do quick movements of your head increase your problem?			
F	12. Because of your problem, do you avoid heights?			
P	13. Does turning over in bed increase your problem?			
F	14. Because of your problem, is it difficult for you to do strenuous housework or yard work?			
E	15. Because of your problem, are you afraid people may think you are intoxicated?			
F	16. Because of your problem, is it difficult for you to go for a walk by yourself?			
P	17. Does walking down a pavement increase your problem?			
E	18. Because of your problem, is it difficult for you to concentrate?			
F	19. Because of your problem, is it difficult for you to go for a walk around your house in the dark?			
E	20. Because of your problem, are you afraid to stay home alone?			
E	21. Because of your problem, do you feel handicapped?			

E	22. Has your problem placed stress on your relationship with members of your family or friends?			
E	23. Because of your problem, are you depressed?			
F	24. Does your problem interfere with your job or household responsibilities?			
P	25. Does bending over increase your problem?			