

## Dizziness Handicap Inventory

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness or unsteadiness. *Answer each question as it pertains to your dizziness or unsteadiness problem only.*

Item	Response
P1 Does looking up increase problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E2 Because of your problem, do you feel frustrated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F3 Because of your problem, do you restrict your travel for business or recreation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
P4 Does walking down the aisle of a supermarket increase your problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F5 Because of your problem, do you have difficulty getting into or out of bed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F6 Does your problem significantly restrict your participation in social activities such as going out to dinner, going to movies, dancing or to parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F7 Because of your problem, do you have difficulty reading	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
P8 Does performing ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E9 Because of your problem, are you afraid to leave your home without having someone to accompany you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E10 Because of your problem, have you been embarrassed in front of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
P11 Do quick movements of your head increase your problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F12 Because of your problem, do you avoid heights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
P13 Does turning over in bed increase your problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F14 Because of your problem, is it difficult for you to do strenuous housework or yard work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E15 Because of your problem, are you afraid that people may think you are intoxicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

Continued on page 2

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**Addressograph**

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711 South Cowley St.  
Spokane, WA 99202

- F16 Because of your problem, is it difficult for you to go for a walk by yourself?  Yes  No  Sometimes
- P17 Does walking down a sloped sidewalk or ramp increase your problem?  Yes  No  Sometimes
- E18 Because of your problem, is it difficult for you to concentrate?  Yes  No  Sometimes
- F19 Because of your problem, is it difficult for you to walk around your house in the dark?  Yes  No  Sometimes
- E20 Because of your problem, are you afraid to stay home alone?  Yes  No  Sometimes
- E21 Because of your problem, do you feel handicapped?  Yes  No  Sometimes
- E22 Has your problem placed stress on your relationships with members of your family or friends?  Yes  No  Sometimes
- E23 Because of your problem, are you depressed?  Yes  No  Sometimes
- F24 Does your problem interfere with your job or household responsibilities?  Yes  No  Sometimes
- P25 Does bending over increase your problem?  Yes  No  Sometimes

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Patient's Signature

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Therapist's Signature

Score: \_\_\_\_\_/100

Adapted and reprinted with permission. Jacobson GP, Newman CW. The Development of the Dizziness Handicap Inventory. Arch Otolaryngol Head Neck Surg 1990; 116:424-427

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