

Dizziness Handicap Inventory



Patient Name _____

Date _____

INSTRUCTIONS: The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your dizziness. Please check one circle for each question. Answer each question only as it pertains to your dizziness problem.

Questions	Always	Sometimes	No
P1 Does looking up increase your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2 Do you feel frustrated because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F3 Do you restrict your travel for business or pleasure because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P4 Does walking down the aisle of a supermarket increase your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F5 Do you have difficulty getting in or out of bed because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F6 Does your problem significantly restrict your participation in social activities, such as going out to dinner, going to movies, dancing or going to parties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F7 Do you have difficulty reading because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F8 Does performing more ambitious activities like sports, dancing, or household chores (such as sweeping or putting away dishes) increase your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E9 Are you afraid to leave your home without having someone accompany you because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E10 Have you been embarrassed in front of others because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P11 Do quick movements of your head increase your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F12 Do you avoid heights because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P13 Does turning over in the bed increase your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F14 Is it difficult for you to do strenuous housework or yardwork because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E15 Are you afraid people may think you are intoxicated because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F16 Is it difficult for you to go for a walk by yourself because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P17 Does walking down a sidewalk increase your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E18 Is it difficult for you to concentrate because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F19 Is it difficult for you to walk around your house in the dark because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E20 Are you afraid to stay home alone because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E21 Do you feel handicapped because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E22 Has your problem placed stress on your relationships with members of your family or your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E23 Are you depressed because of your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F24 Does your problem interfere with your job or household responsibilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P25 Does bending over increase your problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCORING: Always = 4 points, Sometimes = 2 points, No = 0 points.
 Top score is 100 (maximum perceived disability). Bottom score is 0 (no perceived disability).

(The four highlighted items can be useful in predicting BPPV.)