## **Dizziness Handicap Inventory**

Instructions: The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness. Please check "always", <u>or</u> "no" <u>or</u> "sometimes" to each question. Answer each question only as it pertains to your dizziness problem.

	Questions	Always	Sometimes	No
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	Ιп		
	business or pleasure?	Ш		Ш
P4	Does walking down the aisle of a supermarket increase			
	your problem?			
F5	Because of your problem, do you have difficulty getting	Ιп		
<b>F</b> 0	into or out of bed?			
F6	Does your problem significantly restrict your participation			
	in social activities, such as going out to dinner, going to			
F7	movies, dancing or to parties?  Because of your problem, do you have difficulty reading?	П		
F8	Does performing more ambitious activities like sports,		ш	
10	dancing, and household chores, such as sweeping or			
	putting dishes away; increase your problem?			
<b>E9</b>	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, do you avoid heights?			
P13	Does turning over in bed increase your problem?			
F14	Because of your problem, is it difficult for you to do			
	strenuous housework or yard work?			
E15	Because of your problem, are you afraid people may think			
	that you are intoxicated?			
F16	Because of your problem, is it difficult for you to go for a			Ιп
D47	walk by yourself?			
P17 E18	Does walking down a sidewalk increase your problem?			
E10	Because of your problem, is it difficult for you to concentrate?			
F19	Because of your problem, is it difficult for you to walk			
1 13	around your house in the dark?			
E20	Because of your problem, are you afraid to stay home			
	alone?		Ш	
E21	Because of your problem, do you feel handicapped?			
E22	Has your problem placed stress on your relationship 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			
DOF	responsibilities?			
P25	Does bending over increase your problem?			

## **Scoring for Dizziness Handicap Inventory**

Eval	<b>Total Functional</b>	Total Emotional	Total Physical	TOTAL SCORE
Reassess #1				
Reassess #2				
Reassess #3				
Reassess #4				

## **Notes:**

- 1. Subjective measure of the patient's perception of handicap due to the dizziness
- 2. Top score is 100 (maximum perceived disability)
- 3. Bottom score is 0 (no perceived disability)
- 4. The following four items can be useful in predicting Benign Paroxysmal Positional Vertigo (BPPV)
  - Does looking up increase your problem?
  - Because of your problem, do you have difficulty getting into or out of bed?
  - Do quick movements of your head increase your problem?
  - Does bending over increase your problem?
- 5. Can use subscale scores to track change as well