

## Dizziness Handicap Inventory

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**P1. Does looking up increase your problem?**

Yes

No

Sometimes

**E2. Because of your problem, do you feel frustrated?**

Yes

No

Sometimes

**F3. Because of your problem, do you restrict your travel for business or recreation?**

Yes

No

Sometimes

**P4. Does walking down the aisle of a supermarket increase your problem?**

Yes

No

Sometimes

**F5. Because of your problem, do you have difficulty getting into or out of bed?**

Yes

No

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?**

Yes

No

Sometimes

**F7. Because of your problem, do you have difficulty reading?**

Yes

No

Sometimes

**P8. Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?**

Yes

No

Sometimes

**E9. Because of your problem, are you afraid to leave your home without having some one accompany you?**

Yes

No

Sometimes

**E10. Because of your problem, have you been embarrassed in front of others?**

Yes

No

Sometimes

**P11. Do quick movements of your head increase your problem?**

Yes

No

Sometimes

**F12. Because of your problem, do you avoid heights?**

Yes

No

Sometimes

**P13. Does turning over in bed increase your problem?**

Yes

No

Sometimes

**F14. Because of your problem, is it difficult for you to do strenuous housework or yardwork?**

Yes

No

Sometimes

**E15. Because of your problem, are you afraid people may think you are intoxicated?**

Yes

No

Sometimes

**F16. Because of your problem, is it difficult for you to walk by yourself?**

Yes

No

Sometimes

**P17. Does walking down a sidewalk 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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**Answers:** Yes = 4; No = 0; Sometimes = 2

**Scoring:** (Determine sum for each type of question - see letter before number that shows category it belongs to)

- Function: \_\_\_\_\_ (questions 3, 5, 6, 7, 12, 14, 16, 19, 24)
- Emotion: \_\_\_\_\_ (questions 2, 9, 10, 15, 18, 20, 21, 22, 23)
- Physical Aspects: \_\_\_\_\_ (questions 1, 4, 8, 11, 13, 17, 25)
- Total: \_\_\_\_\_

**References:**

- Asmundson GJ, Stein MB, Ireland D: A factor analytic study of the dizziness handicap inventory: does it assess phobic avoidance in vestibular referrals? J Vestib Res 1999;9(1):63-8.
- Jacobson GP, Newman CW, Hunter L, Balzer GK: Balance function test correlates of the Dizziness Handicap Inventory. J Am Acad Audiol 1991 Oct;2(4):253-60.
- Jacobson GP, Newman CW: The development of the Dizziness Handicap Inventory. Arch