



COMPLETE BALANCE SOLUTIONS
INSTITUTE *for* REHAB

Dizziness and Unsteadiness Questionnaire

Dizziness Handicap Inventory

My Dizziness or Unsteadiness Occurs:

- _____ Occasionally (less than 12 times per year)
_____ Frequently (more than 12 times per year but not continuously)
_____ Continuously

Instructions: The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness. Please answer “yes”, “no”, or “sometimes” to each question. Answer each question as it pertains to your dizziness problem only.

	YES	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 business or recreation?	_____	_____	_____
P4. Does walking down the aisle of a supermarket increase your problem?	_____	_____	_____
E5. Because of your problem do you have difficulty getting in or out of bed?	_____	_____	_____
F6. Does your problem significantly restrict your participation in social activities such as going out to dinner, going to the movies, dancing, or to parties?	_____	_____	_____
F7. Because of your problem do you have difficulty reading?	_____	_____	_____
P8. Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?	_____	_____	_____
E9. Because of your problem are you afraid to leave your home without having someone to 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?	_____	_____	_____



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	YES	SOMETIMES	NO
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 yardwork?	_____	_____	_____
E15. Because of your problem are you afraid people may think you are intoxicated?	_____	_____	_____
F16. Because of your problem is it difficult for you to go for a walk by yourself?	_____	_____	_____
P17. Does walking down a sidewalk increase your problem?	_____	_____	_____
E18. Because of your problem is it difficult to concentrate?	_____	_____	_____
F19. Because of your problem is it difficult for you to walk around your house in the dark?	_____	_____	_____
E20. Because of your problem are you afraid to stay home alone?	_____	_____	_____
E21. Because of your problem do you feel handicapped?	_____	_____	_____
E22. Has your problem placed stress on your relationships 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 responsibilities?	_____	_____	_____
P25. Does bending over increase your problem?	_____	_____	_____
Total Score	_____	_____	_____
	(x4)	(x0)	(x2)

Total _____ **F** _____ **E** _____ **P** _____
(38) (36) (28)

Jacobson, GP and Newman, CW: The development of the dizziness handicap inventory. Arch Otolaryngol Head Neck Surg 116:424, 1990.

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