

New York Balance & Vestibular PT

1373-28 Veterans Memorial Hwy

Hauppauge, NY 11788

(631) 406-7042

Dizziness Handicap Inventory

Name: _____ Date: _____

Please check the appropriate answer for each question:

(4) (0) (2)
YES NO SOMETIMES

		(4) YES	(0) NO	(2) SOMETIMES
1. Does looking up increase your problem? (P)				
2. Because of your problem, do you feel frustrated? (E)				
3. Because of your problem, do you restrict your travel for business or recreation? (F)				
4. Does walking down the aisle of a supermarket increase your problem? (P)				
5. Because of your problem, do you have difficulty getting into and out of bed? (F)				
6. Does your problem significantly restrict participation in social activities such as going to dinner, the movies, dancing, or parties? (F)				
7. Because of your problem, do you have difficulty reading? (F)				
8. Does performing more ambitious activities like sports or dancing, or household chores, such as sweeping or putting the dishes away increase your problem? (P)				
9. Because of your problem, are you afraid to leave your home without having someone accompany you? (E)				
10. Because of your problem, are you embarrassed in front of others? (E)				
11. Do quick movements of your head increase your problem? (P)				
12. Because of your problem do you avoid heights? (F)				
13. Does turning over in bed increase your problem? (P)				
14. Because of your problem is it difficult for you to do strenuous housework or yard work? (F)				
15. Because of your problem, are you afraid people might think you are intoxicated? (E)				
16. Because of your problem, is it difficult to walk by yourself? (F)				
17. Does walking down the sidewalk increase your problem? (P)				
18. Because of your problem, is it difficult for you to concentrate? (E)				
19. Because of your problem, is it difficult to walk around your house in the dark? (F)				
20. Because of your problem, are you afraid to stay home alone? (E)				
21. Because of your problem do you feel handicapped? (E)				
22. Has your problem placed stress on your relationships with family or friends? (E)				
23. Because of your problem do you feel depressed? (E)				
24. Does your problem interfere with your job or household responsibilities? (F)				
25. Does bending over increase your problem? (P)				
For Office Use Only: E = F = P = Total =				