

Name: _____ Date: _____ Account: _____

The Dizziness Handicap Inventory (DHI)

P1. Does looking up increase your problem?	Yes Sometimes No
E2. Because of your problem, do you feel frustrated?	Yes Sometimes No
F3. Because of your problem, do you restrict your travel for business or recreation?	Yes Sometimes No
P4. Does walking down the aisle of a supermarket increase your problems?	Yes Sometimes No
F5. Because of your problem, do you have difficulty getting into or out of bed?	Yes Sometimes No
F6. Does your problem significantly restrict your participation in social activities, such as going out to dinner, going to the movies, dancing, or going to parties?	Yes Sometimes No
F7. Because of your problem, do you have difficulty reading?	Yes Sometimes No
P8. Does performing more ambitious activities such as sports, dancing, household chores, (sweeping or putting dishes away) increase your problems?	Yes Sometimes No
E9. Because of your problem, are you afraid to leave your home without having someone accompany you?	Yes Sometimes No
E10. Because of your problem have you been embarrassed in front of others?	Yes Sometimes No
P11. Do quick movements of your head increase your problem?	Yes Sometimes No
F12. Because of your problem, do you avoid heights?	Yes Sometimes No
P13. Does turning over in bed increase your problem?	Yes Sometimes No
F14. Because of your problem, is it difficult for you to do strenuous homework or yard work?	Yes Sometimes No

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E15. Because of your problem, are you afraid people may think you are intoxicated?	Yes Sometimes No
F16. Because of your problem, is it difficult for you to go for a walk by yourself?	Yes Sometimes No
P17. Does walking down a sidewalk increase your problem?	Yes Sometimes No
E18. Because of your problem, is it difficult for you to concentrate?	Yes Sometimes No
F19. Because of your problem, is it difficult for you to walk around your house in the dark?	Yes Sometimes No
E20. Because of your problem, are you afraid to stay home alone?	Yes Sometimes No
E21. Because of your problem, do you feel handicapped?	Yes Sometimes No
E22. Has the problem placed stress on your relationships with members of your family or friends?	Yes Sometimes No
E23. Because of your problem, are you depressed?	Yes Sometimes No
F24. Does your problem interfere with your job or household responsibilities?	Yes Sometimes No
P25. Does bending over increase your problem?	Yes Sometimes No

Jacobson GP, Newman CW: The development of the Dizziness Handicap Inventory. *Arch Otolaryngol Head Neck Surg* 1990; 116: 424-427. Copyright ©1990 American Medical Association. All rights reserved.

DHI Scoring Instructions

The patient is asked to answer each question as it pertains to dizziness or unsteadiness problems, specifically considering their condition during the last month. Questions are designed to incorporate functional (F), physical (P), and emotional (E) impacts on disability.

To each item, the following scores can be assigned:

No=0 Sometimes=2 Yes=4

Scores:

Scores greater than 10 points should be referred to balance specialists for further evaluation.

16-34 Points (mild handicap)

36-52 Points (moderate handicap)

54+ Points (severe handicap)