EAR Audiology, Inc.
3525 Del Mar Heights Rd #606
San Diego, CA 92130

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Dizziness Handicap Inventory (DHI)

Name: ______________________________ Date: ____________________

The purpose of this scale is to identify the problems your dizziness may be causing you. Check 'Yes', 'Sometimes', or 'No' for each question. Do not skip any questions.

Question	Response
1-P. Does looking up increase your problem?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
2-E. Because of your problem, do you feel frustrated?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
3-F. Because of your problem, do you restrict your travel for business or recreation?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
4-P. Does walking down the aisle of a supermarket increase your problem?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
5-F. Because of your problem, do you have difficulty getting into or out of bed?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)

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Question	Response
6-F. Does your problem significantly restrict your participation in social activities such as going out to dinner, going to movies, dancing, or going to parties?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
7-F. Because of your problem, do you have difficulty reading?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
8-P. Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
9-E. Because of your problem, are you afraid to leave your home without having some one accompany you?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
10-E. Because of your problem, have you been embarrassed in front of others?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
11-P. Do quick movements of your head increase your problem?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
12-F. Because of your problem, do you avoid heights?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)

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Question	Response
13-P. Does turning over in bed increase your problem?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
14-F. Because of your problem, is it difficult for you to do strenuous housework or yard work?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
15-E. Because of your problem, are you afraid people may think you are intoxicated?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
16-F. Because of your problem, is it difficult for you to walk by yourself?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
17-P. Does walking down a sidewalk increase your problem?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
18-E. Because of your problem, is it difficult for you to concentrate?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
19-F. Because of your problem, is it difficult for you to walk around your house in the dark?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
20-E. Because of your problem, are you afraid to stay home alone?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
21-E. Because of your problem, do you feel handicapped?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)

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22-E. Has your problem placed stress on your relationships with members of your family or friends?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
23-E. Because of your problem, are you depressed?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
24-F. Does your problem interfere with your job or household responsibilities?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)
25-P. Does bending over increase your problem?	☐ Yes (4) ☐ Sometimes (2) ☐ No (0)

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For clinician use only

Fill in the number of points for each question ('Yes'=4, 'Sometimes'=2, 'No'=0)	Determine presence of perceived emotional, functional and physical dizziness handicaps based on E, F and P scores.
Emotional (E) questions: 2 ___ 9 ___ 10 ___ 15 ___ 18 ___ 20 ___ 21 ___ 22 ___ 23 ___ Subtotal E: ________________ (36 maximum) Functional (F) questions: 3 ___ 5 ___ 6 ___ 7 ___ 12 ___ 14 ___ 16 ___ 19 ___ 24 ___ Subtotal F: ________________ (36 maximum) Physical (P) questions: 1 ___ 4 ___ 8 ___ 11 ___ 13 ___ 17 ___ 25 ___ Subtotal P: ________________ (28 maximum) Total score: _______________ (100 maximum)	0: No Handicap Maximum: Significant Handicap

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Jacobson, G. P., & Newman, C. W. (1990). The development of the Dizziness Handicap Inventory. *Arch Otolaryngol Head Neck Surg*, *116*, 424-427.