

## Dizziness Handicap Inventory

Question	Please circle response
1. Does looking up increase your problem?	Yes/Sometimes/No
2. Because of your problem, do you feel frustrated?	Yes/Sometimes/No
3. Because of your problem, do you restrict your travel for business or recreation?	Yes/Sometimes/No
4. Does walking down the aisle of a supermarket increase your problem?	Yes/Sometimes/No
5. Because of your problem, do you have difficulty getting into or out of bed?	Yes/Sometimes/No
6. Does your problem significantly restrict your participation in social activities such as going out to dinner,going to movies, dancing, or to parties?	Yes/Sometimes/No
7. Because of your problem, do you have difficulty reading?	Yes/Sometimes/No
8. Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?	Yes/Sometimes/No
9. Because of your problem, are you afraid to leave your home without having some one accompany you?	Yes/Sometimes/No
10. Because of your problem, have you been embarrassed in front of others?	Yes/Sometimes/No
11. Do quick movements of your head increase your problem?	Yes/Sometimes/No
12. Because of your problem, do you avoid heights?	Yes/Sometimes/No
13. Does turning over in bed increase your problem?	Yes/Sometimes/No
14. Because of your problem, is it difficult for you to do strenuous housework or yardwork?	Yes/Sometimes/No
15. Because of your problem, are you afraid people may think you are intoxicated?	Yes/Sometimes/No
16. Because of your problem, is it difficult for you to walk by yourself?	Yes/Sometimes/No
17. Does walking down a sidewalk increase your problem?	Yes/Sometimes/No
18. Because of your problem, is it difficult for you to concentrate?	Yes/Sometimes/No
19. Because of your problem, is it difficult for you to walk around your house in the dark?	Yes/Sometimes/No
20. Because of your problem, are you afraid to stay home alone?	Yes/Sometimes/No
21. Because of your problem, do you feel handicapped?	Yes/Sometimes/No
22. Has your problem placed stress on your relationships with members of your family or friends?	Yes/Sometimes/No
23. Because of your problem, are you depressed?	Yes/Sometimes/No
24. Does your problem interfere with your job or household responsibilities?	Yes/Sometimes/No
25. Does bending over increase your problem?	Yes/Sometimes/No