

Blackfoot Physical Therapy **Low back pain disability questionnaire**

Dizziness Handicap Inventory

Name _____ Date _____

The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness or unsteadiness. Please check Yes, No, or Sometimes for each question. Answer each question as it pertains to your dizziness or unsteadiness only.

	Yes	No	Sometimes
P1. Does looking up increase your problem?	_____	_____	_____
P2. 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?	_____	_____	_____
F5. Because of your problem, do you have difficulty getting into or out of bed?	_____	_____	_____
F6. Does your problem significantly restrict your participation in social activities such as going out to dinner, the movies, dancing, or to parties?	_____	_____	_____
F7. Because of your problem, do you have difficulty reading?	_____	_____	_____
P8. Does performing more ambitious activities like sports or dancing or 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 accompany you?	_____	_____	_____
E10. Because of your problem, are you embarrassed in front of others?	_____	_____	_____
P11. Do quick movements of your head increase your problem?	_____	_____	_____
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 walk by yourself?	_____	_____	_____
P17. Does walking down a sidewalk increase your problem?	_____	_____	_____
E18. Because of your problem, is it difficult for you 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	_____	_____	_____
	(24)	(20)	(22)
Total: _____ F _____ E _____ P _____			

*From Jacobson GP, Newman CW: The development of the dizziness handicap inventory. Arch Otolaryngol Head Neck Surg 1990; 116:424. Copyright © 1990 The American Medical Association