Emerson Hospital

Rehabilitation Services Depatment

Name:

DOB:

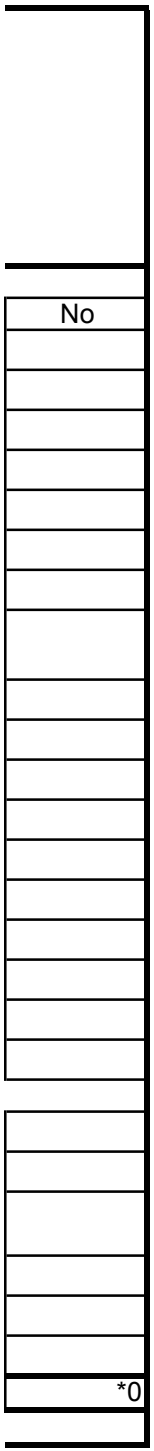
Referring MD:

Date/Time Completed

DIZZINESS HANDICAP INVENTORY

The purpose of this questionnaire is to identify difficulties you may be experiencing because of your dizziness or unsteadiness. Please answer "yes" "sometimes" or "no" to each question in the admission section.

		ADMISSION			DISCHARGE	
		Yes	Sometimes	No	Yes	Sometimes
1	Does looking up increase your problem?					
2	Because of your problem do you feel frustrated?					
3	Because of your problem do you restrict your travel for business or recreation?					
4	Does walking down the aisle of a supermarket increase your problem?					
5	Because of your problem do you have difficulty getting into or out of bed?					
6	going out to dinner, going to movies, dancing, or to parties?					
7	Because of your problem, do you have difficulty reading?					
8	Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting away dishes, increase your problem?					
9	accompany you?					
10	Because of your problem have you been embarrassed in front of others?					
11	Do quick movements of your head increase your problem?					
12	Because of your problem do you avoid heights?					
13	Does turning over in bed increase your problem?					
14	Because of your problem is it difficult for you to do strenous housework or yardwork?					
15	Because of your problem are you afraid people may think you are intoxicated?					
16	Because of your problem is it difficult for you to go for a walk by yourself?					
17	Does walking down a sidewalk increase your problem?					
18	Because of your problem is it difficult for you to concentrate?					
19	Because of your problem is it difficult for you to walk around your home in the dark?					
20	Because of your problem are your afraid to stay home alone?					
21	Because of your problem do you feel handicapped?					
22	Has your problem placed stress on your relationships with members of your family or friends?					
23	Because of your problem are you depressed?					
24	Does your problem interfere with your job or household responsibilities?					
25	Does bending over increase your problem?					
		*4	*2	*0	*4	*2
	SCORE:					


No
*0