Oakeson PHYSICAL THERAPY

DIZZINESS HANDICAP INVENTORY

NAME:_____DATE_____

The purpose of this scale is to identify difficulties that you may be experiencing because of your **DIZZINESS and/or BALANCE PROBLEM**.

MARK AN "X" BY EACH QUESTION AS IT PERTAINS TO YOUR DIZZINESS OR BALANCE PROBLEM

Because of your Problem….

	ALWAYS	SOMETIMES	NEVER
1. Does looking up increase your problem?	☐	☐	☐
2. Do you feel frustrated?	☐	☐	☐
3. Do you restrict your travel for business or pleasure?	☐	☐	☐
4. Does your problem significantly restrict your participation in social activities such as going out to dinner, movies, dancing or parties?	☐	☐	☐
5. Do you have difficulty reading?	☐	☐	☐
6. Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?	☐	☐	☐
7. Are you afraid to leave your home without having someone accompany you?	☐	☐	☐
8. Have you been embarrassed in front of others?	☐	☐	☐
9. Do quick movements of you head increase your problem?	☐	☐	☐
10. Do you avoid heights?	☐	☐	☐
11. Does turning over in bed increase your problem?	☐	☐	☐
12. Is it difficult for you to do strenuous housework or yard work?	☐	☐	☐
13. Are you afraid people may think you are intoxicated?	☐	☐	☐
14. Is it difficult to concentrate?	☐	☐	☐
15. Is it difficult for you to walk around the house in the dark?	☐	☐	☐
16. Are you afraid to stay home alone?	☐	☐	☐
17. Do you feel handicapped?	☐	☐	☐
18. Placed stress on your relations with members of your family or friends?	☐	☐	☐
19. Are you depressed?	☐	☐	☐
20. Interfere with your job or household responsibilities?	☐	☐	☐
21. Does bending over increase your problem?	☐	☐	☐
22. Does walking down the aisle of a supermarket increase your problem?	☐	☐	☐
23. Do you have difficulty getting into or out of bed?	☐	☐	☐
24. Does walking down a sidewalk increase your problem?	☐	☐	☐

Office use only

ALWAYS _____x4=____ + SOMETIMES _____x2=_____ + NEVER_____x0=__0__ TOTAL SCORE_____(max 100 pts)