**The Dizziness Handicap Inventory ( DHI )**

1. Does looking up increase your problem?

o Yes o Sometimes o No

2. Because of your problem, do you feel frustrated?

o Yes o Sometimes o No

3. Because of your problem, do you restrict your travel for business or recreation?

o Yes o Sometimes o No

4. Does walking down the aisle of a supermarket increase your problems?

o Yes o Sometimes o No

5. Because of your problem, do you have difficulty getting into or out of bed?

o Yes o Sometimes o No

6. Does your problem significantly restrict your participation in social activities, such as going out to dinner, going to the movies, dancing, or going to parties?

o Yes o Sometimes o No

7. Because of your problem, do you have difficulty reading?

o Yes o Sometimes o No

8. Does performing more ambitious activities such as sports, dancing, household chores (sweeping or putting dishes away) increase your problems?

o Yes o Sometimes o No

9. Because of your problem, are you afraid to leave your home without having without having someone accompany you?

o Yes o Sometimes o No

10. Because of your problem have you been embarrassed in front of others?

o Yes o Sometimes o No

11. Do quick movements of your head increase your problem?

o Yes o Sometimes o No

12. Because of your problem, do you avoid heights?

o Yes o Sometimes o No

13. Does turning over in bed increase your problem?

o Yes o Sometimes o No

14. Because of your problem, is it difficult for you to do strenuous homework or yard work?

o Yes o Sometimes o No

15. Because of your problem, are you afraid people may think you are intoxicated?

o Yes o Sometimes o No

16. Because of your problem, is it difficult for you to go for a walk by yourself?

o Yes o Sometimes o No

17. Does walking down a sidewalk increase your problem?

o Yes o Sometimes o No

18.Because of your problem, is it difficult for you to concentrate?

o Yes o Sometimes o No

19. Because of your problem, is it difficult for you to walk around your house in the dark?

o Yes o Sometimes o No

20. Because of your problem, are you afraid to stay home alone?

o Yes o Sometimes o No

21. Because of your problem, do you feel handicapped?

o Yes o Sometimes o No

22. Has the problem placed stress on your relationships with members of your family or friends?

o Yes o Sometimes o No

23. Because of your problem, are you depressed?

o Yes o Sometimes o No

24. Does your problem interfere with your job or household responsibilities?

o Yes o Sometimes o No

25. Does bending over increase your problem?

o Yes o Sometimes o No

Used with permission from GP Jacobson. Jacobson GP, Newman CW: The development of the Dizziness Handicap Inventory. Arch Otolaryngol Head Neck Surg 1990;116: 424-427