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Dizziness Handicap Inventory

Does looking up increase your problem?

Yes No Sometimes

Because of your problem, do you feel frustrated?

Yes No Sometimes

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

Yes No Sometimes

Does walking down the aisle of a supermarket increase your problem?

Yes No Sometimes

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

Yes No Sometimes

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

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Yes No Sometimes

Because of your problem, do you have difficulty reading?

Yes No Sometimes

Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?

Yes No Sometimes

Because of your problem, are you afraid to leave your home without someone accompanying you?

Yes No Sometimes

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

Yes No Sometimes

Do quick movements of your head increase your problem?

Yes No Sometimes

Because of your problem, do you avoid heights?

Yes No Sometimes

Does turning over in bed increase your problem?

Yes No Sometimes

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

Yes No Sometimes

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

Yes No Sometimes

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

Yes No Sometimes

Does walking down a sidewalk increase your problem?

Yes No Sometimes

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

Yes No Sometimes

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

Yes No Sometimes

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

Yes No Sometimes

Because of your problem, do you feel handicapped?

Yes No Sometimes

Has your problem placed stress on you relationships with members of your family or friends?

Yes No Sometimes

Because of your problem, are you depressed?

Yes No Sometimes

Does your problem interfere with your job or household responsibilities?

Yes No Sometimes

Does bending over increase your problem?

Yes No Sometimes

If you answered "Yes" to six or more of these questions, consult your doctor about an evaluation of your balance/dizziness. Or call our office to set an appointment for a complete evaluation.