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| --- | --- | --- | --- | --- |
|  | **The Dizziness Handicap Inventory (DHI)** | |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date : \_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |  |
| Age : \_\_\_\_\_\_ | M/F : \_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  |  |
| For how long you are suffering from vertigo, dizziness/giddiness | |  |  |  |
|  |  |  |  |  |
| No. Of days \_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_ months\_\_\_\_\_\_\_\_\_\_ | |  |  |  |
|  | (Please tick mark in appropriate box for every question) |  |  |  |
|  |  |  |  |  |
| **SI NO.** | **QUESTION** | **SCORE** | | |
|  |  | **NO 0** | **SOMETIMES 2** | **YES 4** |
| 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 supermarket increase your problem? |  |  |  |
| 5 | Because of your problem do you have difficulty in getting in or out of bed? |  |  |  |
| 6 | Does your problem significantly restrict your participation in social activities such as going out to dinner, movies, dancing or parties? |  |  |  |
| 7 | Because of your problem do you have difficulty in reading? |  |  |  |
| 8 | Does performing more ambitious activities such as sports, dancing, household chores (sweeping or putting dishes away) increase your problem? |  |  |  |
| 9 | Because of your problem are you afraid to leave your home without having someone 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 tuning over in bed increase your problem? |  |  |  |
| 14 | Because of your problem is it difficult for you to do strenuous house work or yard work? |  |  |  |
| 15 | Because of your problem are you afraid that 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 side walk 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 our  home in dark? |  |  |  |
| 20 | Because of your problem are you afraid of stay home alone? |  |  |  |
| 21 | Because of your problem do you feel handicapped? |  |  |  |
| 22 | Has the 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? |  |  |  |