## The Dizziness Handicap Inventory (DHI)

F1. Does looking up increase your problem?  E2. Because of your problem, do you feel frustrated?  F3. Because of your problem, do you restrict your travel for business or recreation?  P4. Does walking down the aisle of a supermarket Increase your problems?  F5. Because of your problem, do you have difficulty getting into or out of bed?  F6. 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?  F7. Because of your problem, do you have difficulty reading?  P8. Does performing more ambitious activities such as sports, dancing, household chores (sweeping or putting dishes away) increase your problems?  E9. Because of your problem, are you straid to leave your home without having someone accompany you?  E10. Because of your problem have you been embarrassed in front of others?		Yes Sometimes No	
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having someone accompany you?	0	IND *	
having someone accompany you?	o		
having someone accompany you?	_	Yes	
		Sometimes	
E10. Because of your problem have you been embarrassed in front of others?	٥	No	
E10. Because of your problem have you been embarrassed in front or others.	Ď.	Yes	
1	_	Sometimes	
·	_	No	
P11. Do quick movements of your head increase your problem?	_	Yes	
	_	Sometimes	
		No	
F12. Because of your problem, do you avoid heights?		Yes	
TE. Budded of your problem, as you are	0	Sometimes	
	٥	No	
	0	Yes	
P13. Does turning over in bed increase your problem?		Sometimes	
	_		
	0	No	
F14. Because of your problem, is it difficult for you to do strenuous homework or yard	O	Yes	
work?	0	Sometimes	
WUIK!	٥	No	
E15. Because of your problem, are you afraid people may think you are intoxicated?	0	Yes	
E15. Hecause of your problem, are you are up people may train you are interested.	0	Sometimes	
<u>.</u>	o	No	
		Yes	
F16. Because of your problem, is it difficult for you to go for a walk by yourself?	O		
	0	Sometimes	
	0	No	
P17. Does walking down a sidewalk increase your problem?	0	Yes	
	0	Sometimes	
	0	No	
		Yes	
E18.Because of your problem, is it difficult for you to concentrate	-	Sometimes	
	0		
	0	Na	
F19. Because of your problem, is it difficult for you to walk around your house in the	o	Yes	
	Q	Sometimes	
dark?	0	No	

E20. Because of your problem, are you afraid to stay home alone?	o Yes	
	o Sometimes	
	o No	
E21. Because of your problem, do you feel handicapped?	o Yes	
	o Sometimes	
	o No	
E22. Has the problem placed stress on your relationships with members of your family or friends?	o Yes	
	o Sometimes	
	o No	
E23. Because of your problem, are you depressed?	o Yes	
	o Sometimes	
	o No	
F24. Does your problem interfere with your job or household responsibilities?	o Yes	
	o Sometimes	
	o No	
P25. 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

## **DHI Scoring Instructions**

The patient is asked to answer each question as it pertains to dizziness or unsteadiness problems, specifically considering their condition during the last month. Questions are designed to incorporate functional (F), physical (P), and emotional (E) impacts on disability.

To each item, the following scores can be assigned: No=0 Sometimes=2 Yes=4

Scores:

Scores greater than 10 points should be referred to balance specialists for further evaluation.

16-34 Points (mild handicap)

36-52 Points (moderate handicap)

54+ Points (severe handicap)