

Patient Name

DOB:

MR #

UW Health uwhealth.org
(University of Wisconsin Hospitals and Clinics Authority)
**REHABILITATION CLINIC-DIZZINESS
HANDICAP INVENTORY (DHI)**

Date: _____

ANSWER EACH QUESTION AS IT PERTAINS TO YOUR DIZZINESS PROBLEM ONLY.

| | Only Check One Box Per Row | YES | SOMETIMES | NO | |
|-----|---|------------|------------------|-----------|--|
| 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 a supermarket increase your problem? | | | | |
| 5. | Because of your problem, do you have difficulty getting into or out of bed? | | | | |
| 6. | Does your problem significantly restrict your participation in social activities such as going out to dinner, going to the movies, dancing or to parties? | | | | |
| 7. | Because of your problem do you have difficulty reading? | | | | |
| 8. | Does performing more ambitious activities like sports, dancing, household chores such as 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 turning over in bed increase your problem? | | | | |
| 14. | Because of your problem is it difficult for you to do strenuous housework or yard work? | | | | |
| 15. | Because of your problem are you afraid people may think that 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 sidewalk increase your problem? | | | | |
| 18. | Because of your problem is it difficult to concentrate? | | | | |
| 19. | Because of your problem is it difficult for you to walk around your house in the dark? | | | | |
| 20. | Because of your problem are you afraid to stay home alone? | | | | |
| 21. | Because of your problem do you feel handicapped? | | | | |
| 22. | Has your 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? | | | | |

Total: _____

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