

Date: _____

Patient: _____

Date of Birth: _____

Instructions: The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness or unsteadiness. Please answer yes, no, or Sometimes to each question. Answer each question as it pertains to dizziness or unsteadiness only.

Item	Question: Because of your problem...		Y	N	S	Y	N	S
1	Does looking up increase your problem?	P						
2	Do you feel frustrated?	E						
3	Do you restrict your travel for business or recreation?	F						
4	Does walking down the aisle of a supermarket increase your problem?	P						
5	Do you have difficulty getting into or out of bed?	F						
6	Does your problem significantly restrict your participation in social activities such as going out to dinner, the movies, dancing, or to parties?	F						
7	Do you have difficulty reading?	F						
8	Does performing more ambitious activities such as sports or dancing or household chores such as sweeping or putting dishes away increase your problem?	P						
9	Are you afraid to leave your home without having someone accompany you?	E						
10	Are you embarrassed in front of others?	E						
11	Do quick movements of your head increase your problem?	P						
12	Do you avoid heights?	F						
13	Does turning over in bed increase your problem?	P						
14	Is it difficult for you to do strenuous housework or yardwork?	F						
15	Are you afraid people may think you are intoxicated?	E						
16	Is it difficult for you to walk by yourself?	F						
17	Does walking down a sidewalk increase your problem?	P						
18	Is it difficult for you to concentrate?	E						
19	Is it difficult for you to walk around your house in the dark?	F						
20	Are you afraid to stay at home alone?	E						
21	Do you feel handicapped?	E						
22	Has your problem placed stress on your relationships with members of your family and friends?	E						
23	Are you depressed?	E						
24	Does it interfere with your job or household responsibilities?	F						
25	Does bending over increase your problem?	P						
			x	x	x	x	x	X
Therapist: _____		TOTAL	4	0	2	4	0	2

BAPTIST HOSPITAL
LIFE THERAPIES
Dizziness Handicap Inventory