

Dizziness Handicap Inventory

Please circle the answer to the following questions pertaining to your dizziness/ unsteadiness problems only. Y= yes , N= no, S= sometimes

Does looking up increase your problem?	Y	N	S
Because of your problem do you restrict your travel for business or recreation?	Y	N	S
Because of your problem do you have difficulty getting in or out of bed?	Y	N	S
Because of your problem do you have difficulty reading?	Y	N	S
Do quick movements of your head increase your problem?	Y	N	S
Because of your problem, do you avoid heights?	Y	N	S
Does turning over in bed increase your problem?	Y	N	S
Because of your problem, is it difficult for you to go for a walk by yourself?	Y	N	S
Does walking down a sidewalk increase your problem?	Y	N	S
Because of your problem, is it difficult for you to walk around your house in the dark?	Y	N	S
Because of your problem, are you afraid to stay home alone?	Y	N	S
Because of your problem are you depressed?	Y	N	S
Does bending over increase your problem?	Y	N	S

Tesio, L., et al., *Short form of the dizziness handicap inventory*. American Journal of Physical Medicine and Rehabilitation, 1999. 78(3): p. 233-241.

DHI_{sf} is scored out of 13. 13 no disability, 0 maximum disability. Yes and sometimes = 0, No =1