



**ATLAS**  
AUDIOLOGY

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## Dizziness Handicap Inventory

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please CIRCLE the correct response:

I have dizziness/unsteadiness: \_\_\_ 1 per month \_\_\_ < 1 but < 4 per month \_\_\_ more than once per week

My dizziness/unsteadiness is: \_\_\_ mild \_\_\_ moderate \_\_\_ severe

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

- P1. Does looking up increase your problem? Yes No Sometimes
- E2. Because of your problem, do you feel frustrated? Yes No Sometimes
- F3. Because of your problem, do you restrict your travel for business or recreation? Yes No Sometimes
- P4. Does walking down the aisle of a supermarket increase your problem? Yes No Sometimes
- F5. Because of your problem, do you have difficulty getting into or out of bed? Yes No Sometimes
- F6. Does your problem significantly restrict your participation in social activities such as going out to dinner, going to the movies, dancing, or to parties? Yes No Sometimes
- F7. Because of your problem, do you have difficulty reading? Yes No Sometimes
- P8. Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting away dishes increase your problem? Yes No Sometimes
- E9. Because of your problem, are you afraid to leave your home without having someone accompany you? Yes No Sometimes
- E10. Because of your problem, have you been embarrassed in front of others? Yes No Sometimes
- P11. Do quick movements of your head increase your problem? Yes No Sometimes
- F12. Because of your problem, do you avoid heights? Yes No Sometimes

P13. Does turning over in bed increase your problem?	Yes	No	Sometimes
F14. Because of your problem, is it difficult for you to do strenuous housework or yard-work?	Yes	No	Sometimes
E15. Because of your problem, are you afraid people might think you are intoxicated?	Yes	No	Sometimes
F16. Because of your problem, is it difficult for you to go for a walk by yourself?	Yes	No	Sometimes
P17. Does walking down a sidewalk increase your problem?	Yes	No	Sometimes
E18. Because of your problem, is it difficult for you to concentrate?	Yes	No	Sometimes
F19. Because of your problem, is it difficult for you to walk around the house in the dark?	Yes	No	Sometimes
E20. Because of your problem, are you afraid to stay home alone?	Yes	No	Sometimes
E21. Because of your problem, do you feel handicapped?	Yes	No	Sometimes
E22. Has your problem placed stress on your relationships with members of your family or friends?	Yes	No	Sometimes
E23. Because of your problem, are you depressed?	Yes	No	Sometimes
F24. Does your problem interfere with your job or household responsibilities?	Yes	No	Sometimes
P25. Does bending over increase your problem?	Yes	No	Sometimes

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**This section will be completed by your audiologist**

Scoring: yes = 4 points; sometimes = 2 points; no = 0 points.

Functional Subscale = F Emotional Subscale = E Physical Subscale = P

Functional Subscale: \_\_\_\_\_ /36

Emotional Subscale: \_\_\_\_\_ /28

Physical Subscale: \_\_\_\_\_ /30

Total Score: \_\_\_\_\_ /100

Reference: Jacobson G., Newman C., The Development of the Dizziness Handicap Inventory. Arch Otolaryngology Head Neck Surgery Vol. 116, April 1990.