BALANCE CENTER
McLAREN REGIONAL REHAB CENTER

DIZZINESS INVENTORY

Name: _____ Date:_____

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 questions. ***Answer each question as it pertains to your dizziness or unsteadiness only.***

		Yes	No	Sometimes
P1.	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 problem?	❑	❑	❑
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, the movies, dancing or to parties?	❑	❑	❑
F7.	Because of your problem, do you have difficulty reading?	❑	❑	❑
P8.	Does performing more ambitious activities like sports, dancing or household chores such as sweeping or putting dishes away increase your problem?	❑	❑	❑
E9.	Because of your problem, are you afraid to leave your home without having someone accompany you?	❑	❑	❑
E10.	Because of your problem, are you embarrassed in front of others?	❑	❑	❑
P11.	Do quick movements of your head increase your problem?	❑	❑	❑

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	Yes	No	Sometimes
F12. Because of your problem, do you avoid heights?	❑	❑	❑
P13. Does turning over in bed increase your problem?	❑	❑	❑
F14. Because of your problem, is it difficult for you to do strenuous housework or yardwork?	❑	❑	❑
E15. Because of your problem, are you afraid people may think you are intoxicated?	❑	❑	❑
F16. Because of your problem, is it difficult for you to walk by yourself?	❑	❑	❑
P17. Does walking down a sidewalk increase your problem?	❑	❑	❑
E18. Because of your problem, is it difficult for you to concentrate?	❑	❑	❑
F19. Because of your problem, is it difficult for you to walk around your house in the dark?	❑	❑	❑
E20. Because of your problem, are your afraid to stay home alone?	❑	❑	❑
E21. Because of your problem, do you feel handicapped?	❑	❑	❑
E22. Has your problem placed stress on your relationships with members of your family or friends?	❑	❑	❑
E23. Because of your problem, are you depressed?	❑	❑	❑
F24. Does your problem interfere with your job or household responsibilities?	❑	❑	❑
P25. Does bending over increase your problem?	❑	❑	❑
Total	____	____	____

P_____ **F**_____ **E** _____

From Jacobson, GP and Newman, CW; The development of dizziness handicap inventory. Arch Otolaryngol. Head. Neck. Surg. 116:424, 1990 Copyright © 1990 The American Medical Association

PT.

MR.#/RM.

DR.