



DIZZINESS QUESTIONNAIRE

		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 to movies, dinner, dancing, parties?			
F7	Because of your problem, do you have difficulty reading?			
P8	Do your more ambitious activities like sports, dancing, household chores such as sweeping, 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, have you been embarrassed in front of others?			
P11	Do quick movements of your head increase your problem?			
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 yard work?			
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 go for a 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 you 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?			
Totals		X4		X2
Sub-total Score=				
Name:		Date:		TOTAL SCORE=

"Dizziness Handicap Index" Jacobson, Newman; Arch Otolaryngol Head Neck Surg 116:424.1990
 100-70= severe perception of having a handicap, 69-40= moderate perception of handicap, 39-0= low perception of handicap.

PLEASE COMPLETE BACK PAGE →

DIZZINESS INDEX

Please circle the number indicating your level of dizziness **currently**:

0	1	2	3	4	5	6	7	8	9	10

- 0= No symptoms
 - 1= Tolerable symptoms
 - 2= Minimal symptoms, can be ignored
 - 3= Symptoms cannot be ignored, but can be tolerated, minimal activity interference
 - 4= Symptoms occasionally interferes with activities.
 - 5= Symptoms interferes with activities 25% of the time
 - 6= Symptoms interferes with activities 50% of the time
 - 7= Symptoms interferes with activities 75% of the time
 - 8= Symptoms continuously interferes with activities
 - 9= Intolerable symptoms, unable to perform all activities except basic needs of eating, toileting
 - 10= Intolerable symptoms, unable to perform all activities and have limitations in all tasks, hospitalization required.
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This item for Follow Up/Discharge Visit Only

DIZZINESS INDEX

Please circle the percentage of your improvement since beginning therapy:

0	10	20	30	40	50	60	70	80	90	100

No improvement

Complete recovery