

Dizziness Handicap Inventory (DHI)

Patient's name:

Date:

Instructions: This questionnaire aims to identify difficulties you may be experiencing because of your dizziness. Please do not skip any questions.

		Yes	Sometimes	No
P01	Does looking up increase your problem?			
E02	Because of your problem, do you feel frustrated?			
F03	Because of your problem, do you restrict your travel for business or recreation?			
P04	Does walking down the aisle of a supermarket increase your problem?			
F05	Because of your problem, do you have difficulty getting into or out of bed?			
F06	Does your problem significantly restrict your participation in social activities such as going out to dinner, going to movies, dancing, or to parties?			
F07	Because of your problem, do you have difficulty reading?			
P08	Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?			
E09	Because of your problem, are you afraid to leave home without having someone with 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?			

		Yes	Sometimes	No
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 go for a 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 relationship 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 score:				

Scoring

Patients are requested to respond to each question regarding dizziness or unsteadiness, focusing specifically on their condition over the past month. The questions are structured to address the **functional (F)**, **physical (P)**, and **emotional (E)** impacts on disability.

Each item can be scored as follows:

- No = 0
- Sometimes = 2
- Yes = 4

Interpretation

- **16-34 points** – mild handicap
- **36-52 points** – moderate handicap
- **Over 54 points** – severe handicap

Note: Scores greater than 10 points should be referred to balance specialists for further evaluation.

Reference

Jacobson, G. P., & Newman, C. W. (1990). The development of the Dizziness Handicap Inventory. *Archives of Otolaryngology - Head & Neck Surgery*, 116(4), 424-427.
<https://doi.org/10.1001/archotol.1990.01870040046011>