

## The Dizziness Handicap Inventory ( DHI )

P1. Does looking up increase your problem?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E2. Because of your problem, do you feel frustrated?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
F3. Because of your problem, do you restrict your travel for business or recreation?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
P4. Does walking down the aisle of a supermarket increase your problems?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
F5. Because of your problem, do you have difficulty getting into or out of bed?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
F6. Does your problem significantly restrict your participation in social activities, such as going out to dinner, going to the movies, dancing, or going to parties?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
F7. Because of your problem, do you have difficulty reading?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
P8. Does performing more ambitious activities such as sports, dancing, household chores (sweeping or putting dishes away) increase your problems?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E9. Because of your problem, are you afraid to leave your home without having someone accompany you?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E10. Because of your problem have you been embarrassed in front of others?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
P11. Do quick movements of your head increase your problem?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
F12. Because of your problem, do you avoid heights?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
P13. Does turning over in bed increase your problem?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
F14. Because of your problem, is it difficult for you to do strenuous homework or yard work?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E15. Because of your problem, are you afraid people may think you are intoxicated?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
F16. Because of your problem, is it difficult for you to go for a walk by yourself?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
P17. Does walking down a sidewalk increase your problem?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E18. Because of your problem, is it difficult for you to concentrate	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
F19. Because of your problem, is it difficult for you to walk around your house in the dark?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No

E20. Because of your problem, are you afraid to stay home alone?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E21. Because of your problem, do you feel handicapped?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E22. Has the problem placed stress on your relationships with members of your family or friends?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E23. Because of your problem, are you depressed?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
F24. Does your problem interfere with your job or household responsibilities?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
P25. Does bending over increase your problem?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No

Used with permission from GP Jacobson.

Jacobson GP, Newman CW: The development of the Dizziness Handicap Inventory. *Arch Otolaryngol Head Neck Surg* 1990;116: 424-427

### DHI Scoring Instructions

The patient is asked to answer each question as it pertains to dizziness or unsteadiness problems, specifically considering their condition during the last month. Questions are designed to incorporate functional (F), physical (P), and emotional (E) impacts on disability.

To each item, the following scores can be assigned:

No=0 Sometimes=2 Yes=4

Scores:

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

16-34 Points (mild handicap)

36-52 Points (moderate handicap)

54+ Points (severe handicap)

Vestibular Disorders Activities of Daily Living Scale

Name/ID \_\_\_\_\_ Rater \_\_\_\_\_ Date \_\_\_\_\_

Instructions

This scale evaluates the effects of vertigo and balance disorders on independence in routine activities of daily living. Please rate your performance on each item. If your performance varies due to intermittent dizziness or balance problems please use the greatest level of disability. For each task indicate the level which most accurately describes how you perform the task. If you never do a particular task, please check the box in column NA. The rating scales are explained on bottom of page.

Independence Rating

Task	1 <i>Independent</i>	2 <i>Uncomfortable, No Change in Ability</i>	3 <i>Decreased Ability, No Change in Manner of Performance</i>	4 <i>Slower, Cautious, More Careful</i>	5 <i>Prefer Using an Object for Help</i>	6 <i>Must Use an Object for Help</i>	7 <i>Must Use Special Equipment</i>	8 <i>Need Physical Assistance</i>	9 <i>Dependent</i>	10 <i>Too Difficult, No Longer Perform</i>	NA
F-1 Sitting up from lying down											
F-2 Standing up from sitting on the bed or chair											
F-3 Dressing the upper body (eg, shirt, brassiere, undershirt)											
F-4 Dressing the lower body (eg, pants, skirt, underpants)											
F-5 Putting on socks or stockings											
F-6 Putting on shoes											
F-7 Moving in or out of the bathtub or shower											
F-8 Bathing yourself in the bathtub or shower											
F-9 Reaching overhead (eg, to a cupboard or shelf)											
F-10 Reaching down (eg, to the floor or a shelf)											
F-11 Meal preparation											
F-12 Intimate activity (eg, foreplay, sexual activity)											
A-13 Walking on level surfaces											
A-14 Walking on uneven surfaces											
A-15 Going up steps											
A-16 Going down steps											
A-17 Walking in narrow spaces (eg, corridor, grocery store aisle)											
A-18 Walking in open spaces											
A-19 Walking in crowds											
A-20 Using an elevator											
A-21 Using an escalator											
I-22 Driving a car											
I-23 Carrying things while walking (eg, package, garbage bag)											
I-24 Light household chores (eg, dusting, putting items away)											
I-25 Heavy household chores (eg, vacuuming, moving furniture)											
I-26 Active recreation (eg, sports, gardening)											
I-27 Occupational role (eg, job, child care, homemaking, student)											
I-28 Traveling around the community (car, bus)											

Explanation of Independence Rating Scale

This scale will help us to determine how inner ear problems affect your ability to perform each task. Please indicate your current performance on each task, as compared to your performance before developing an inner ear problem, by checking one of the columns in the center of the page. Pick the answer that most accurately describes how you perform the task.

1. I am **not disabled**, perceive no change in performance from before developing an inner ear impairment.
  2. I am **uncomfortable** performing the activity but **perceive no difference** in the quality of my performance.
  3. I **perceive a decrement** in the quality of my performance, **but have not changed** the manner of my performance.
  4. I **have changed** the manner of my performance, eg, I do things more slowly or carefully than before, or I do things without bending.
  5. I **prefer using an ordinary object** in the environment for assistance (eg, stair railing) but I am not dependent on the object or device to do the activity.
  6. I **must use** an ordinary object in the environment for assistance, but I have not acquired a device specifically designed for the particular activity.
  7. I must use **adaptive equipment** designed for the particular activity (eg, grab bars, cane, reachers, bus with lift, wedge pillow).
  8. I require another person for **physical assistance** or, for an activity involving 2 people, I need unusual physical assistance.
  9. I am **dependent** on another person to perform the activity.
  10. I **no longer perform** the activity due to vertigo or a balance problem.
- NA. I **do not usually perform this task** or I **prefer not to answer** this question.

Figure 1. The final form of the Vestibular Disorders Activities of Daily Living Scale.

ing scales of these assessments, however, are not refined enough to detect the subtle problems of vestibularly impaired patients.

Cohen<sup>3</sup> reported on the ADL performance of vestibularly impaired patients using a scale similar to those

used in the clinic by many occupational therapists working with other patient populations. Using a 5-point qualitative scale, patients rated their performance on daily life tasks ranging from bed mobility tasks, such as rolling over, to instrumental tasks, such as grocery shopping, before