

DHI

Dizziness Handicap Inventory

Purpose : Self report of the handicapping effects of dizziness

Admin time : 10 min

User Friendly : High

Administered by : Self-administered. Scored and interpreted by healthcare provider.

Content : 25-item self-report questionnaire.

Answers are graded: 0 (no), 2 (sometimes), 4 (yes)

Item scores are summed. There is a maximum score of 100 (28 points for physical, 36 points for emotional and 36 points for functional) and a minimum score of 0.

Author : Jacobson, G.P., Newman, C.W. (1990)

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<https://www.cgakit.com/dhi>

Dizziness Handicap Inventory (DHI)

Name _____

Date _____

The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness.

Please answer : "Yes" = Y
 "No" = N
 or "Sometimes" = S
 to each question.

Answer each question
 as it pertains to
 your dizziness problem only,
 as experienced in the past month.

Q	QUESTION		Y	N	S
1	Does looking up increase your problem?	P			
2	Because of your problem, do you feel frustrated?	E			
3	Because of your problem, do you restrict your travel for business or recreation?	F			
4	Does walking down the aisle of a supermarket increase your problem?	P			
5	Because of your problem, do you have difficulty getting into or out of bed?	F			
6	Does your problem significantly restrict your participation in social activities such as going out to dinner, the movies, dancing, or to parties?	F			
7	Because of your problem, do you have difficulty reading?	F			
8	Does performing more ambitious activities such as sports or dancing or household chores such as sweeping or putting dishes away increase your problem?	P			
9	Because of your problem, are you afraid to leave your home without having someone accompany you?	E			
10	Because of your problem, are you embarrassed in front of others?	E			
11	Do quick movements of your head increase your problem?	P			
12	Because of your problem, do you avoid heights?	F			
13	Does turning over in bed increase your problem?	P			
14	Because of your problem, is it difficult for you to do strenuous housework or yard work?	F			
15	Because of your problem, are you afraid people may think you are intoxicated?	E			
16	Because of your problem, is it difficult for you to walk by yourself?	F			
17	Does walking down a sidewalk increase your problem?	P			
18	Because of your problem, is it difficult for you to concentrate?	E			
19	Because of your problem, is it difficult for you to walk around your house in the dark?	F			
20	Because of your problem, are you afraid to stay at home alone?	E			
21	Because of your problem, do you feel handicapped?	E			
22	Has your problem placed stress on your relationships with members of your family or friends?	E			
23	Because of your problem, are you depressed?	E			
24	Does your problem interfere with your job or household responsibilities?	F			
25	Does bending over increase your problem?	P			

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SCORING :

TOTAL SCORE	Y	N	S
Questions 1 - 25	X4	x0	x2
TOTAL (max. 100) :			

0 - 39 = Low perception of handicap

40 - 69 = Moderate perception of handicap

70 - 100 = Severe perception of handicap

PHYSICAL SCORE	Y	N	S
Questions : 1 - 4 - 8 - 11- 13 - 17 - 25	X4	x0	x2
TOTAL (max. 28) :			

The higher the score, the higher the perceived physical handicap due to dizziness

EMOTIONAL SCORE	Y	N	S
Questions: 2 - 9 - 10 - 15 - 18 - 20 - 21 - 22 - 22	X4	x0	x2
TOTAL (max. 36) :			

The higher the score, the higher the perceived emotional handicap due to dizziness

FUNCTIONAL SCORE	Y	N	S
Questions: 3 - 5 - 6 - 7 - 12 - 14 - 16 - 19 - 24	X4	x0	x2
TOTAL (max. 36) :			

The higher the score, the higher the perceived functional handicap due to dizziness

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