



ADVANCE PHYSICAL THERAPY

CERTIFIED POSTURAL RESTORATION CENTER

77 South Elliott Road, Chapel Hill, NC 27514 phone 919.932.7266 fax 919.932.7250

Name _____ Date _____

Reason for Visit _____

Dizziness Handicap Inventory

The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your dizziness. Please answer every question. Please do not skip any questions.

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|--|-----|-----------|----|
| P1. Does looking up increase your problem? | Yes | Sometimes | No |
| E2. Because of your problem, do you feel frustrated? | Yes | Sometimes | No |
| F3. Because of your problem, do you restrict your travel
for business or recreation? | Yes | Sometimes | No |
| P4. Does walking down the aisle of a supermarket
increase your problem? | Yes | Sometimes | No |
| F5. Because of your problem, do you have difficulty
getting into or out of bed? | Yes | Sometimes | No |
| F6. Does your problem significantly restrict your
participation in social activities such as going out
to dinner, going to movies, dancing, or to parties? | Yes | Sometimes | No |
| F7. Because of your problem, do you have difficulty reading? | Yes | Sometimes | No |
| P8. Does performing more ambitious activities like
sports, dancing, household chores such as sweeping
or putting dishes away increase your problem? | Yes | Sometimes | No |

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E9. Because of your problem, are you afraid to leave home without having someone with you?	Yes	Sometimes	No
E10. Because of your problem, have you been embarrassed in front of others?	Yes	Sometimes	No
P11. Do quick movements of your head increase your problem?	Yes	Sometimes	No
F12. Because of your problem, do you avoid heights?	Yes	Sometimes	No
P13. Does turning over in bed increase your problem?	Yes	Sometimes	No
F14. Because of your problem, is it difficult for you to do strenuous housework or yard work?	Yes	Sometimes	No
E15. Because of your problem, are you afraid people may think you are intoxicated?	Yes	Sometimes	No
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?	Yes	Sometimes	No
E18. Because of your problem, is it difficult for you to concentrate? ...	Yes	Sometimes	No
F19. Because of your problem, is it difficult for you to walk around your house in the dark?	Yes	Sometimes	No
E20. Because of your problem, are you afraid to stay home alone?	Yes	Sometimes	No
E21. Because of your problem, do you feel handicapped?	Yes	Sometimes	No
E22. Has your problem place stress on your relationship with members of your family or friends?	Yes	Sometimes	No
E23. Because of your problem, are you depressed?	Yes	Sometimes	No
F24. Does your problem interfere with your job or household responsibilities?	Yes	Sometimes	No
P25. Does bending over increase your problem?	Yes	Sometimes	No