SCOTTSDALE HEALTHCARE℠

Dizziness Inventory

Name: _____ Date: _____

Please only circle one answer for each question and answer all questions.

1. Does looking up increase your dizziness or imbalance? Yes Sometimes No
2. Because of your dizziness or imbalance do you feel frustrated? Yes Sometimes No
3. Because of your dizziness or imbalance, do you restrict your travel for business or recreation? Yes Sometimes No
4. Does walking down the aisle of a supermarket increase your dizziness or imbalance? Yes Sometimes No
5. Because of your dizziness or imbalance, do you have difficulty getting into or out of bed? Yes Sometimes No
6. Does your dizziness or imbalance significantly restrict your participation in social activities such as going out to dinner, going to the movies, dancing or parties? Yes Sometimes No
7. Because of your dizziness or imbalance, do you have difficulty reading? Yes Sometimes No
8. Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your dizziness or imbalance? Yes Sometimes No
9. Because of your dizziness or imbalance, are you afraid to leave home without having someone with you? Yes Sometimes No
10. Because of your dizziness or imbalance, have you been embarrassed in front of others? Yes Sometimes No
11. Do quick movements of your head increase your dizziness or imbalance? Yes Sometimes No
12. Because of your dizziness or imbalance, do you avoid heights? Yes Sometimes No
13. Does turning over in bed increase your dizziness or imbalance? Yes Sometimes No
14. Because of your dizziness or imbalance, is it difficult for you to do strenuous housework or yard work? Yes Sometimes No
15. Because of your dizziness or imbalance, are you afraid people may think you are intoxicated? Yes Sometimes No
16. Because of your dizziness or imbalance, is it difficult for you to go for a walk by yourself? Yes Sometimes No
17. Does walking down a sidewalk increase your dizziness or imbalance? Yes Sometimes No
18. Because of your dizziness or imbalance, is it difficult for you to concentrate? Yes Sometimes No
19. Because of your dizziness or imbalance, is it difficult for you to go for a walk around your your house in the dark? Yes Sometimes No
20. Because of your dizziness or imbalance, are you afraid to stay home alone? Yes Sometimes No
21. Because of your dizziness or imbalance, do you feel handicapped? Yes Sometimes No
22. Has your dizziness or imbalance placed stress on your relationship with members of your family or friends? Yes Sometimes No
23. Because of your dizziness or imbalance, are you depressed? Yes Sometimes No
24. Does your dizziness or imbalance interfere with your job or household responsibilities? Yes Sometimes No
25. Does bending over increase your dizziness or imbalance? Yes Sometimes No