Dizziness Inventory (Jacobsen & Newmen, 1990)

Name: _____

Date: _____

The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness or unsteadiness. Please answer "Yes", "No" or "Sometimes" to each question.

Answer each question as it pertains to your dizziness or unsteadiness only.

	Yes (4)	No (0)	Sometimes (2)
P1. Does looking up increase your problem?			
E2. Because of your problem, do you feel frustrated?			
F3. Because of your problem, do you restrict your travel?			
P4. Does walking down the aisle of a supermarket increase your			
problem?			
F5. Because of your problem, do you have difficulty getting out of			
bed?			
F6. Does your problem significant restrict your participation in			
social activities			
F7. Because of your problem, do you have difficulty reading?			
P8. Does performing more ambitious activities increase your			
problem?			
E9. Because of your problem, are you afraid to leave home			
without having someone with you?			
E10. Because of your problem, are you embarrassed in front of			
others?			
P11. Do quick movements of your head increase your problems?			
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 yardwork?			
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?			
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 walk			
around the 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 relationships with			
members of your family or friends?			
E23. Because of your problem, are you depressed?			
F24. Does your problem interfere with your job/household duties?			
P25. Does bending over increase your problem?			

Totals: F ____/36 E ____/36 P ____/28 = ____/100