

Full Name:

Instructions: The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness or unsteadiness. Please mark the appropriate column for "Yes" or "No" or "Sometimes" for each question. Answer each question as it pertains to your dizziness or unsteadiness problem only.

Questions:

E1. Because of your problem, do you feel depressed?	Y (4)	N (0)	S (2)
P2. Does walking down a sidewalk increase your problem?	Y (4)	N (0)	S (2)
E3. Because of your problem, is it difficult to concentrate?	Y (4)	N (0)	S (2)
F4. Because of your problem, is it difficult for you to walk around your house in the dark?	Y (4)	N (0)	S (2)
P5. Does bending over increase your problem?	Y (4)	N (0)	S (2)
F6. Because of your problem, do you restrict your travel for business or recreation?	Y (4)	N (0)	S (2)
F7. Does your problem interfere with your job or household responsibilities?	Y (4)	N (0)	S (2)
E8. Because of your problem, are you afraid to leave your home without having someone with you?	Y (4)	N (0)	S (2)
E9. Because of your problem, have you ever been embarrassed in front of others?	Y (4)	N (0)	S (2)
F10. Does your problem significantly restrict your participation in social activities such as going out to dinner, going to movies, dancing or to parties?	Y (4)	N (0)	S (2)

DHI-S Score: _____

To score: Sum of all selections. 4 points for each "Yes"; 2 points for each "Sometimes"; 0 points for each "No"