



# Buffalo Back & Neck Physical Therapy, P.C.

1060 Niagara Falls Blvd. Suite 5 Tonawanda, NY 14150  
Phone: 716-836-2225 Fax: 716-836-2712

## DIZZINESS HANDICAP INVENTORY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

For Clinic Use Only: P \_\_\_\_\_ E \_\_\_\_\_ F \_\_\_\_\_