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Horizon Balance and Dizziness Center
Dizziness Scale

Name: _____ Date: _____

	NO	<u>SOMETIMES</u>	<u>YES</u>
P I - Does looking up increase your problem?	0	2	4
E2. Because of your problem do you feel frustrated?	0	2	4
F3. Because of your problem do you restrict your travel for business or recreation?	0	2	4
F4. Does walking down the aisle at a supermarket increase your problem?	0	2	4
F5. Because of your problem do you have difficulty getting into or out of bed?	0	2	4
F6. Does your problem significantly restrict your Participation in social activities such as going out to dinner, movies, dancing, or parties?	0	2	4
F7. Because of your problem do you have difficulty reading?.	0	2	4
P8. Does performing more ambitious activities like sports, dancing, and household chores such as sweeping or putting dishes away increase your problem?	0	2	4
E9. Because of your problem are you afraid to leave Your home without having someone accompany you?	0	2	4
E I 0. Because of your problem have you been embarrassed m front of others?	0	2	4
P I 1. Do quick movements of your head increase your problem?	0	2	4
F 1 2. Because of your problem do you avoid heights?	0	2	4
F 1 3. Does turning over in bed increase your problem?	0	2	4

	<u>NO</u>	<u>SOMETIMES</u>	<u>YES</u>
F14. Because of your problem is it difficult for you to do strenuous housework or yard work?	0	2	4
E 1 5. Because of your problem are you afraid people might think you are intoxicated?	0	2	4
F 1 6. Because of your problem is it difficult for you to go for a walk by yourself	0	2	4
P 1 7. Does walking down a sidewalk increase your problem?	0	2	4
E 1 8. Because of your problem is it difficult for you to concentrate?	0	2	4
F 1 9. Because of your problem is it difficult for you walk around your house in the dark?	0	2	4
E20. Because of your problem are you afraid to stay home alone?	0	2	4
' , E'21. Because,of you problem do you feel handicapped?	0	2	4
E22. Has your problem placed stress on relationships with members of your family or friends?	0	2	4
E23. Because of your problem are you depressed?	0	2	4
F24. Does your problem interfere with your job or household responsibilities?	0	2	4
P25. Does bending over increase your problem?	0	2	4

Total Score _____