

## 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