PT WORKS
experience effective physical therapy

Name_____ **Date**_____

Dizziness Inventory

Please mark always, sometimes or no to each question.

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

	Always	Sometimes	No
P1. Does looking up increase your problem?	4	2	0
E2. Do you feel frustrated?	4	2	0
F3. Do you restrict your travel for business or recreation?	4	2	0
P4. Does walking down the aisle of a supermarket increase your problem?	4	2	0
F5. Do you have difficulty getting into or out of bed?	4	2	0
F6. Does your problem significantly restrict your participation in social activities such as going out to dinner, going to the movies or to parties?	4	2	0
F7. Do you have difficulty reading?	4	2	0
P8. Does performing more ambitious activities like sports, dancing, household chores such as sweeping or putting dishes away increase your problem?	4	2	0
E9. Are you afraid to leave your home without having someone accompany you?	4	2	0
E10. Have you been embarrassed in front of others?	4	2	0
P11. Do quick movements of your head increase your problem?	4	2	0
F12., Do you avoid heights?	4	2	0
P13. Does turning over in bed increase your problem?	4	2	0
F14. Is it difficult for you to do strenuous housework or yard work?	4	2	0
E15. Are you afraid people may think you are intoxicated?	4	2	0
F16. Is it difficult for you to go for a walk by yourself?	4	2	0
P17. Does walking down a sidewalk increase your problem?	4	2	0
E18. Is it difficult for you to concentrate?	4	2	0
F19. Is it difficult for you to walk around the house in the dark?	4	2	0
E20. Are you afraid to stay home alone?	4	2	0
E21. Do you feel handicapped?	4	2	0
E22. Has your problem placed stress on your relations with members of your family or friends?	4	2	0
E23. Are you depressed?	4	2	0
F24. Does your problem interfere with your job or household responsibilities?	4	2	0
P25. Does bending over increase your problem?	4	2	0

794 Altos Oaks Drive, Los Altos, CA 94024
(650) 947-9646 fx# (650) 947-9566