POTENTIAL
THERAPY SERVICES

Dizziness Index

The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness. Please check the box that best answers each question. Answer each question only as it pertains to your dizziness problem.

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

Patient Name: _____

Signature: _____ Date: _____

Eval Date	Total Physical	Total Emotional	Total Function	TOTAL SCORE

Always = 4
Sometimes = 2
No = 0

Notes:

1. Subjective measure of patient's perception of handicap due to the dizziness.
2. Top score is 100 (maximum perceived disability)
3. Bottom score is 0 (no perceived disability)
4. The following items can be useful in predicting BPPV
    - Does looking up increase your problem?
    - Because of your problem, do you have difficulty getting into or out of bed?
    - Do quick movements of you head increase your problem?
    - Does bending over increase your problem?
5. Can use subscale scores to track change as well.