NAME: DATE:

VANDERBILT PEDIATRIC DIZZINESS HANDICAP INVENTORY (DHI) (Age 5-12)

Instructions: The purpose of this questionnaire is to identify difficulties that your child may be experiencing because of his or her dizziness or unsteadiness. Please answer "yes", "no", or "sometimes" to each question.

Answer each question as it pertains to your child's dizziness problem only.

| | Yes (4) | Sometimes (2) | No (0) |
|---|---------|---------------|--------|
| 1. Does your child's problem make him/her feel tired? | | | |
| 2. Is your child's life ruled by his/her problem? | | | |
| 3. Does your child's problem make it difficult for him/her to play? | | | |
| 4. Because of his/her problem, does your child feel frustrated? | | | |
| 5. Because of his/her problem, has your child been embarrassed in front of others? | | | |
| 6. Because of his/her problem, is it difficult for your child to concentrate? | | | |
| 7. Because of his/her problem, is your child tense? | | | |
| 8. Do other people seem irritated with your child's problem? | | | |
| 9. Because of his/her problem, does your child worry? | | | |
| 10. Because of his/her problem, does your child feel angry? | | | |
| 11. Because of his/her problem, does your child feel "down"? | | | |
| 12. Because of his/her problem, does your child feel unhappy? | | | |
| 13. Because of his/her problem, does your child feel different from | | | |
| other children? | | | |
| 14. Does your child's problem significantly restrict his/her | | | |
| participation in social or educational activities, such as going to | | | |
| dinner, meeting with friends, field trips, or to parties? | | | |
| 15. Because of your child's problem, is it difficult for him/her to walk around the house in the dark? | | | |
| 16. Because of his/her problem, does your child have difficulty walking up stairs? | | | |
| 17. Because of his/her problem, does your child have difficulty walking one or two blocks? | | | |
| 18. Because of his/her problem, does your child have difficulty riding a bike or scooter? | | | |
| 19. Because of his/her problem, does your child have difficulty reading or doing schoolwork? | | | |
| 20. Does your child's problem make it difficult to successfully do activities that others his/her age can do? | | | |
| 21. Because of his/her problem, does your child have trouble | | | |
| concentrating at school? | | | |
| | | TOTAL SCORE | |