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| **Domain:** | Speech and Hearing |
| **Measure:** | Vertigo |
| **Definition:** | This measure is a questionnaire to assess perceived disability due to dizziness. |
| **Purpose:** | This measure can be used to assess perceived disability due to dizziness in order to determine the presence of vestibular system disease such as vertigo. Vertigo is a key component of Meniere's disease, an inner ear disorder that can affect balance. |
| **Essential PhenX Measures:** | Medication Inventory Current Age Blood Pressure (Adult/Primary) |
| **Related PhenX Measures:** |  |
| **Collections:** | Quality of Life |
| **Keywords:** | Dizziness Handicap Inventory, DHI, Vertigo, Vestibular system disease, Speech and Hearing |

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| **Protocol Release Date:** | October 8, 2010 |
| **PhenX Protocol Name:** | Vertigo |
| **Protocol Name from Source:** | This section will be completed when reviewed by an Expert Review Panel. |
| **Description:** | The Dizziness Handicap Inventory (DHI) assesses perceived disability due to dizziness (i.e., vertigo). This 25-item self-administered questionnaire contains three subscales which cover the areas of function, emotion, and physical aspects. Points from each subscale can be combined to assign a total score, or they can be combined by subscale. |
| **Specific Instructions:** | None |
| **Protocol:** | **Dizziness Handicap Inventory**  **Instructions:** The purpose of this scale is to identify difficulties that you may be experiencing because of dizziness or unsteadiness. Please answer "yes," "no," or "sometimes" to each question. ***Answer each question as it applies to your dizziness or unsteadiness only.***  1. Does looking up increase your problem?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  2. Because of your problem, do you feel frustrated?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  3. Because of your problem, do you restrict your travel for business or recreation?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  4. Does walking down the aisle of a supermarket increase your problem?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  5. Because of your problem, do you have difficulty getting into or out of bed?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  6. Does your problem significantly restrict your participation in social activities such as going out to dinner, the movies, dancing, or to parties?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  7. Because of your problem, do you have difficulty reading?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  8. Does performing more ambitious activities such as sports or dancing or household chores such as sweeping or putting dishes away increase your problem?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  9. Because of your problem, are your afraid to leave your home without having someone accompany you?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  10. Because of your problem, are you embarrassed in front of others?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  11. Do quick movements of your head increase your problem?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  12. Because of your problem, do you avoid heights?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  13. Does turning over in bed increase your problem?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  14. Because of your problem, is it difficult for you to do strenuous housework or yard work?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  15. Because of your problem, are you afraid people may think you are intoxicated?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  16. Because of your problem, is it difficult for you to walk by yourself?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  17. Does walking down a sidewalk increase your problem?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  18. Because of your problem, is it difficult for you to concentrate?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  19. Because of your problem, is it difficult for you to walk around the house in the dark?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  20. Because of your problem, are you afraid to stay at home alone?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  21. Because of your problem, do you feel handicapped?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  22. Has your problem placed stress on your relationship with members of your family or friends?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  23. Because of your problem, are you depressed?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  24. Does your problem interfere with your job or household responsibilities?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  25. Does bending over increase your problem?  [ ] 4 Yes  [ ] 0 No  [ ] 2 Sometimes  **Scoring**  Physical Subscale: questions 1, 4, 8, 11, 13, 17, 25 Emotional Subscale: questions 2, 9, 10, 15, 18, 20, 21, 22, 23 Functional Subscale: questions 3, 5, 6, 7, 12, 14, 16, 19, 24  A "Yes" response receives 4 points. A "Sometimes" response receives 2 points. A "No" response receives 0 points. The points can be combined to assign a total score, or they can be combined by subscale. The higher the points a patient scores, either total or for a particular subscale, the greater their perceived disability due to dizziness.  Total Score  100–70 = severe perception of having a handicap 69–40 = moderate perception of handicap 39–0 = low perception of handicap |
| **Selection Rationale:** | The Dizziness Handicap Inventory was selected because it is validated, reliable, requires little time to administer, and is easy to score and interpret. |
| **Source:** | Jacobson, G. P., & Newman, C. W. (1990). The development of the Dizziness Handicap Inventory. *Archives of Otolaryngology Head Surgery, 116,* 424–427.  Copyright © (1990) American Medical Association. All rights reserved. |
| **Life Stage:** | Adult |
| **Language of source:** | English |
| **Participant:** | Adults ages 18 years and older |
| **Personnel and Training Required:** | None |
| **Equipment Needs:** | The respondent will need a copy of the questionnaire. |
| **Standards:** | |  |  |  |  | | --- | --- | --- | --- | | **Standard** | **Name** | **ID** | **Source** | | Common Data Element (CDE) | Hearing Vertigo Assessment Score | 3139297 | [CDE Browser](https://cdebrowser.nci.nih.gov/CDEBrowser/search?elementDetails=9&FirstTimer=0&PageId=ElementDetailsGroup&publicId=3139297&version=1.0) | | Logical Observation Identifiers Names and Codes (LOINC) | Vertigo proto | 63000-4 | [LOINC](http://s.details.loinc.org/LOINC/63000-4.html?sections=Web) | |
| **General references:** | None |
| **Mode of Administration:** | Self-administered questionnaire |
| **Derived Variables:** | None |
| **Requirements:** | |  |  | | --- | --- | | **Requirement Category** | **Required** | | Major equipment | No | | Specialized training | No | | Specialized requirements for biospecimen collection | No | | Average time of greater than 15 minutes in an unaffected individual | No | |
| **Process and Review:** | This section will be completed when reviewed by an Expert Review Panel. |