

Vestibular and Balance Intake Forms



Upon completion and for further instructions, please return to: <https://mycatholicdoctor.com/intake-forms/>

First Name
Last Name

Today's date

Dizziness Handicap Inventory

Does looking up increase your problem?	Always	Sometimes	No
Because of your problem, do you feel frustrated?	Always	Sometimes	No
Because of your problem, do you restrict your travel for business or pleasure	Always	Sometimes	No
Does walking down the aisle of a supermarket increase your problem?	Always	Sometimes	No
Because of your problem, do you have difficulty getting into or out of bed?	Always	Sometimes	No
Does your problem significantly restrict your participation in social activities, such as going out to dinner, going to movies, dancing or to parties?	Always	Sometimes	No
Because of your problem, do you have difficulty reading?	Always	Sometimes	No
Does performing more ambitious activities like sports, dancing, and household chores, such as sweeping or putting away dishes increases your problem?	Always	Sometimes	No
Because of your problem, are you afraid to leave your home without having someone accompany you?	Always	Sometimes	No
Because of your problem, have you been embarrassed in front of others?	Always	Sometimes	No
Do quick movements of your head increase your problem?	Always	Sometimes	No
Because of your problem, do you avoid heights?	Always	Sometimes	No
Does turning over in bed increase your problem?	Always	Sometimes	No
Because of your problem, is it difficult for you to do strenuous house work or chores	Always	Sometimes	No

Dizziness Handicap Inventory

Because of your problem, are you afraid people may think you are drunk?	Always	Sometimes	No
Because of your problem, is it difficult for you to go for a walk by yourself?	Always	Sometimes	No
Does walking down a sidewalk increase your problem?	Always	Sometimes	No
Because of your problem, is it difficult for you to concentrate?	Always	Sometimes	No
Because of your problem, is it difficult for you to walk around your house in the dark?	Always	Sometimes	No
Because of your problem, are you afraid to stay home alone?	Always	Sometimes	No
Because of your problem, do you feel handicapped?	Always	Sometimes	No
Has your problem placed stress on your relationship with members of your family or friends?	Always	Sometimes	No
Because of your problem, are you depressed?	Always	Sometimes	No
Does your problem interfere with your job or household responsibilities?	Always	Sometimes	No
Does bending over increase your problem?	Always	Sometimes	No