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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 InventoryCurrent AgeBlood 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 Sometimes2. Because of your problem, do you feel frustrated?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes3. Because of your problem, do you restrict your travel for business or recreation?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes4. Does walking down the aisle of a supermarket increase your problem?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes5. Because of your problem, do you have difficulty getting into or out of bed?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes6. 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 Sometimes7. Because of your problem, do you have difficulty reading?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes8. 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 Sometimes9. Because of your problem, are your afraid to leave your home without having someone accompany you?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes10. Because of your problem, are you embarrassed in front of others?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes11. Do quick movements of your head increase your problem?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes12. Because of your problem, do you avoid heights?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes13. Does turning over in bed increase your problem?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes14. Because of your problem, is it difficult for you to do strenuous housework or yard work?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes15. Because of your problem, are you afraid people may think you are intoxicated?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes16. Because of your problem, is it difficult for you to walk by yourself?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes17. Does walking down a sidewalk increase your problem?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes18. Because of your problem, is it difficult for you to concentrate?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes19. Because of your problem, is it difficult for you to walk around the house in the dark?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes20. Because of your problem, are you afraid to stay at home alone?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes21. Because of your problem, do you feel handicapped?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes22. Has your problem placed stress on your relationship with members of your family or friends?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes23. Because of your problem, are you depressed?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes24. Does your problem interfere with your job or household responsibilities?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes25. Does bending over increase your problem?[ ] 4 Yes[ ] 0 No[ ] 2 Sometimes**Scoring**Physical Subscale: questions 1, 4, 8, 11, 13, 17, 25Emotional Subscale: questions 2, 9, 10, 15, 18, 20, 21, 22, 23Functional Subscale: questions 3, 5, 6, 7, 12, 14, 16, 19, 24A "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 Score100–70 = severe perception of having a handicap69–40 = moderate perception of handicap39–0 = 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:** |

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| **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) |

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| **General references:** | None |
| **Mode of Administration:** | Self-administered questionnaire |
| **Derived Variables:** | None |
| **Requirements:** |

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| **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 |

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| **Process and Review:** | This section will be completed when reviewed by an Expert Review Panel. |