

VESTIBULAR & OCULOMOTOR
DIZZINESS PATIENT-ORIENTED SEVERITY INDEX

Name

Date

Below you will find a list of physical problems, activity limitations and emotional consequences of your dizziness. There is no right or wrong answers and only you can provide this information. If a statement is not appropriate to your situation or if you are not having a problem in this area, circle the “0” and go on the next statement.

** 1. Considering how severe the problem is when you experience it and how frequently it happens, please rate each item below on how “bad” it is by circling the number that corresponds with how you feel using this scale: → → →

	No Problem	Mild or slight problem	Moderate Problem	Severe Problem	5 Most Important Items
A. PHYSICAL PROBLEMS					
1. Quickly move you head	0	1	2	3	<input type="checkbox"/>
2. Turn over in bed	0	1	2	3	<input type="checkbox"/>
3. Get into or out of bed	0	1	2	3	<input type="checkbox"/>
4. Bend over	0	1	2	3	<input type="checkbox"/>
5. Look up	0	1	2	3	<input type="checkbox"/>
6. Read	0	1	2	3	<input type="checkbox"/>
7. Need to concentrate for long periods	0	1	2	3	<input type="checkbox"/>
8. Are at high heights	0	1	2	3	<input type="checkbox"/>
9. See motion of objects around you (ie: sitting in a moving car)	0	1	2	3	<input type="checkbox"/>
B. ACTIVITY PROBLEMS					
10. Difficult for you to stay home alone	0	1	2	3	<input type="checkbox"/>
11. Difficult for you to walk around the house in the dark	0	1	2	3	<input type="checkbox"/>
12. Difficult to walk down the aisle of a supermarket	0	1	2	3	<input type="checkbox"/>
13. Difficult to walk down a sidewalk	0	1	2	3	<input type="checkbox"/>
14. Difficult for you to go for a walk by yourself	0	1	2	3	<input type="checkbox"/>
15. Difficult to leave home without having someone accompanying you	0	1	2	3	<input type="checkbox"/>
16. Difficult to go out to dinner, movies, dancing or to parties	0	1	2	3	<input type="checkbox"/>

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B. ACTIVITY PROBLEMS (cont.)					
17. Difficult to perform sexual activities	0	1	2	3	<input type="checkbox"/>
TO WHAT EXTENT DOES YOUR DIZZINESS MAKE IT					
18. Difficult to participate in community or volunteer activities	0	1	2	3	<input type="checkbox"/>
19. Difficult to perform more ambitious activities like sports, dancing, household chores such as sweeping or putting away dishes	0	1	2	3	<input type="checkbox"/>
20. Difficult to participate in religious or spiritual activities	0	1	2	3	<input type="checkbox"/>
21. Difficult to drive a car	0	1	2	3	<input type="checkbox"/>
22. Difficult for you to travel for business or recreation	0	1	2	3	<input type="checkbox"/>
23. Difficult for you to do strenuous housework or yardwork	0	1	2	3	<input type="checkbox"/>
24. Feel frustrated	0	1	2	3	<input type="checkbox"/>
25. Embarrassed in front of others	0	1	2	3	<input type="checkbox"/>
26. Feel depressed or sad	0	1	2	3	<input type="checkbox"/>
27. Experience marital stress or tension	0	1	2	3	<input type="checkbox"/>
28. Feel that you are a burden to others	0	1	2	3	<input type="checkbox"/>
29. Unable to relax; always anxious	0	1	2	3	<input type="checkbox"/>
30. Afraid people may think you are intoxicated	0	1	2	3	<input type="checkbox"/>

** 2. Please mark the most important items affecting your health (maximum of 5 items from list of 30) → ↑