

E20. Because of your problem, are you afraid to stay home alone?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E21. Because of your problem, do you feel handicapped?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E22. Has the problem placed stress on your relationships with members of your family or friends?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E23. Because of your problem, are you depressed?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E24. Does your problem interfere with your job or household responsibilities?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No
E25. Does bending over increase your problem?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> No

Wugf"ykvj"rgtokuukqp"htqo"IR"Lceqduqp0"
Lceqduqp"IR."Pgy"ocp"EY<Vjg"fgxgnqr"ogp"qh"vjg"fk||kpguu"Jcpfkecr"kpaxgpvqt{0"Arch Otolaryngol Head Neck Surg

DHI Scoring Instructions

Vjg"rcvkgpv"ku"cumgf"vq"cpu ygt"gcej"swguvkqp"cu"kv"rgtvckpu"vq"fk||kpguu"qt"wpuygc fkpugu"rtqdnq ou."urgekhecn{"
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