

General Pain Disability Index Questionnaire

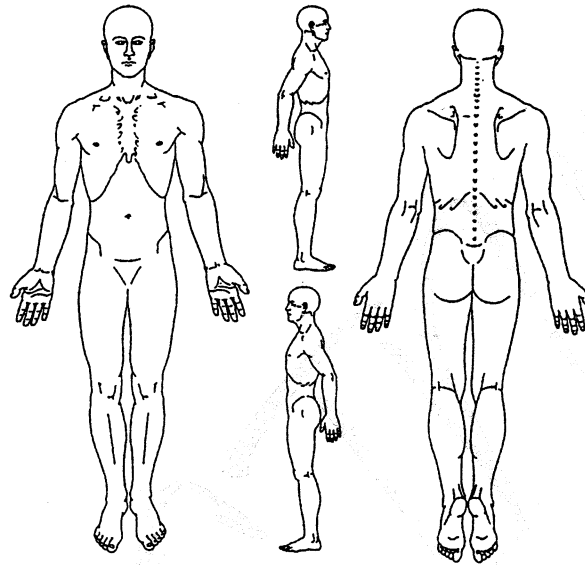
Name (please print) _____

Date _____

Circle areas of discomfort & use letters below to indicate type & location of current pain

A = Ache B = Burning N = Numbness P = Pins & Needles S = Stabbing I = Intense

O = Other (describe)



Pain Questionnaire

1. **Family/Home Responsibilities:** includes chores and duties around home (e.g. yard work) and errands for other family members (e.g. driving children to school).

1	2	3	4	5	6	7	8	9
completely able to function				totally unable to function				

2. **Recreation:** includes hobbies, sports, other similar leisure time activities.

1	2	3	4	5	6	7	8	9
completely able to function				totally unable to function				

3. **Social:** activities with friends such as parties, theatre, dining out and other social functions

1	2	3	4	5	6	7	8	9
completely able to function				totally unable to function				

4. **Occupation:** activities directly related to job (includes non-paying such as home-making and volunteer work).

1	2	3	4	5	6	7	8	9
completely able to function				totally unable to function				

5. **Self Care:** includes activities which involve personal maintenance and independent daily living (e.g. taking a shower, driving, getting dresses, etc.).

1	2	3	4	5	6	7	8	9
completely able to function				totally unable to function				

6. **Life-Support:** includes activities such as eating, sleeping, and breathing.

1	2	3	4	5	6	7	8	9
completely able to function				totally unable to function				