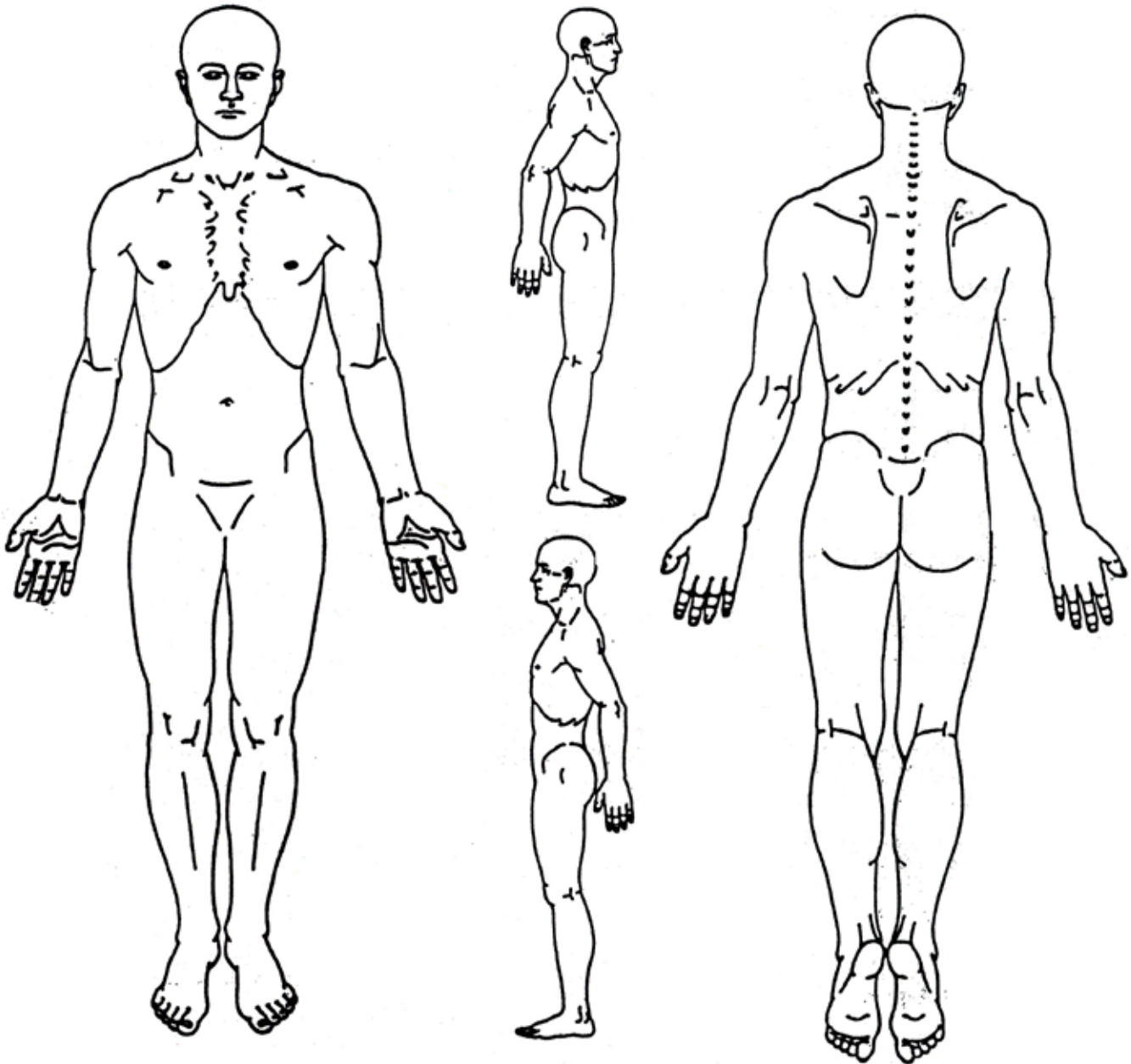


# GENERAL PAIN DISABILITY INDEX QUESTIONNAIRE

Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you had low back pain? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks  
Is this your first episode of low back pain? [ ] Yes [ ] No

USE THE LETTERS BELOW TO INDICATE THE TYPE AND LOCATION OF YOUR SENSATIONS RIGHT NOW.  
(Please remember to complete both sides of this form)

Key: A = Acne, B = Burning, N = Numbness, P = Pins and Needles, S = Stabbing, O = Other



OVER PLEASE

For Doctor's Use:  
Chief complaint (other than nex or low back pain): \_\_\_\_\_  
\_\_\_\_\_



# GENERAL PAIN DISABILITY INDEX QUESTIONNAIRE

The rating scales below are designed to measure the degree to which several aspects of your life are presently disrupted by chronic pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do, or from doing it as well as you normally would. Respond to each category by indicating the *overall* impact of pain in your life, not just when the pain is at its worst.

For each of the six categories of daily living listed, PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR TYPICAL LEVEL OF ACTIVITIES. A score of 0 means no functioning at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

1. *Family/Home Responsibilities:* This category refers to activities related to the home or family. It includes chores and duties performed around the house (e.g., yard work) and errands or favors for other family members (e.g., driving children to school).

0      1      2      3      4      5      6      7      8      9      10

Completely  
able to function

Totally  
unable to function

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

0      1      2      3      4      5      6      7      8      9      10

Completely  
able to function

Totally  
unable to function

3. *Social Activities:* This category refers to activities which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

0      1      2      3      4      5      6      7      8      9      10

Completely  
able to function

Totally  
unable to function

4. *Occupation:* This category refers to activities that are a part of or directly related to one's job. This includes nonpaying jobs as well, such as that of a homemaker or volunteer worker.

0      1      2      3      4      5      6      7      8      9      10

Completely  
able to function

Totally  
unable to function

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

0      1      2      3      4      5      6      7      8      9      10

Completely  
able to function

Totally  
unable to function

6. *Life-Support Activities:* This category refers to basic life-supporting behaviors such as eating, sleeping, and breathing.

0      1      2      3      4      5      6      7      8      9      10

Completely  
able to function

Totally  
unable to function

Total Score: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_