

Name: _____

Date: _____

GENERAL PAIN DISABILITY INDEX QUESTIONNAIRE

This questionnaire has been designed to give us information as to how pain is affecting your ability to manage in everyday life.

SECTION 1 - Family/Home Responsibilities

This category includes activities related to the home or family, such as chores, duties performed around the house and errands or favors for other family members.

Completely able to function 1 2 3 4 5 6 7 8 9 10 Completely unable to function

Section 2 - Recreation

This category includes hobbies, sports, and other similar leisure-time activities.

Completely able to function 1 2 3 4 5 6 7 8 9 10 Completely unable to function

Section 3 - Social Activity

This category includes activities which involve participation with friends and acquaintances other than family members, such as parties, theater, concerts, dining out, and other social functions.

Completely able to function 1 2 3 4 5 6 7 8 9 10 Completely unable to function

Section 4 - Occupation

This category includes activities that are part of directly related to one's job. This includes non-paying jobs, such as that of homemaker or volunteer worker.

Completely able to function 1 2 3 4 5 6 7 8 9 10 Completely unable to function

Section 5 - Self Care

This category includes activities which involve personal maintenance and independent daily living.

Completely able to function 1 2 3 4 5 6 7 8 9 10 Completely unable to function

Section 6 - Life-Support Activity

This category includes basic life-supporting behaviors such as eating, sleeping and breathing.

Completely able to function 1 2 3 4 5 6 7 8 9 10 Completely unable to function