

GENERAL PAIN DISABILITY INDEX

Patient Name: _____

Date: _____

Please use the indicated key (letters listed below) to note the type and location of your pain sensations that you are presently experiencing on the illustrations shown below.

A (Aches)	B (Burning)	C (Cold)	H (Hot)	N (Numb)
P (Pins&Needles)	S (Stabbing)	T (Tight)	O (Other)	

