

# General Pain Disability Index Questionnaire



2950 N. Seventh St. Suite 200 • Phoenix, AZ 85014 • 800.598.0224 • phone 602.224.0220 • fax 602.224.0230 • www.activator.com

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

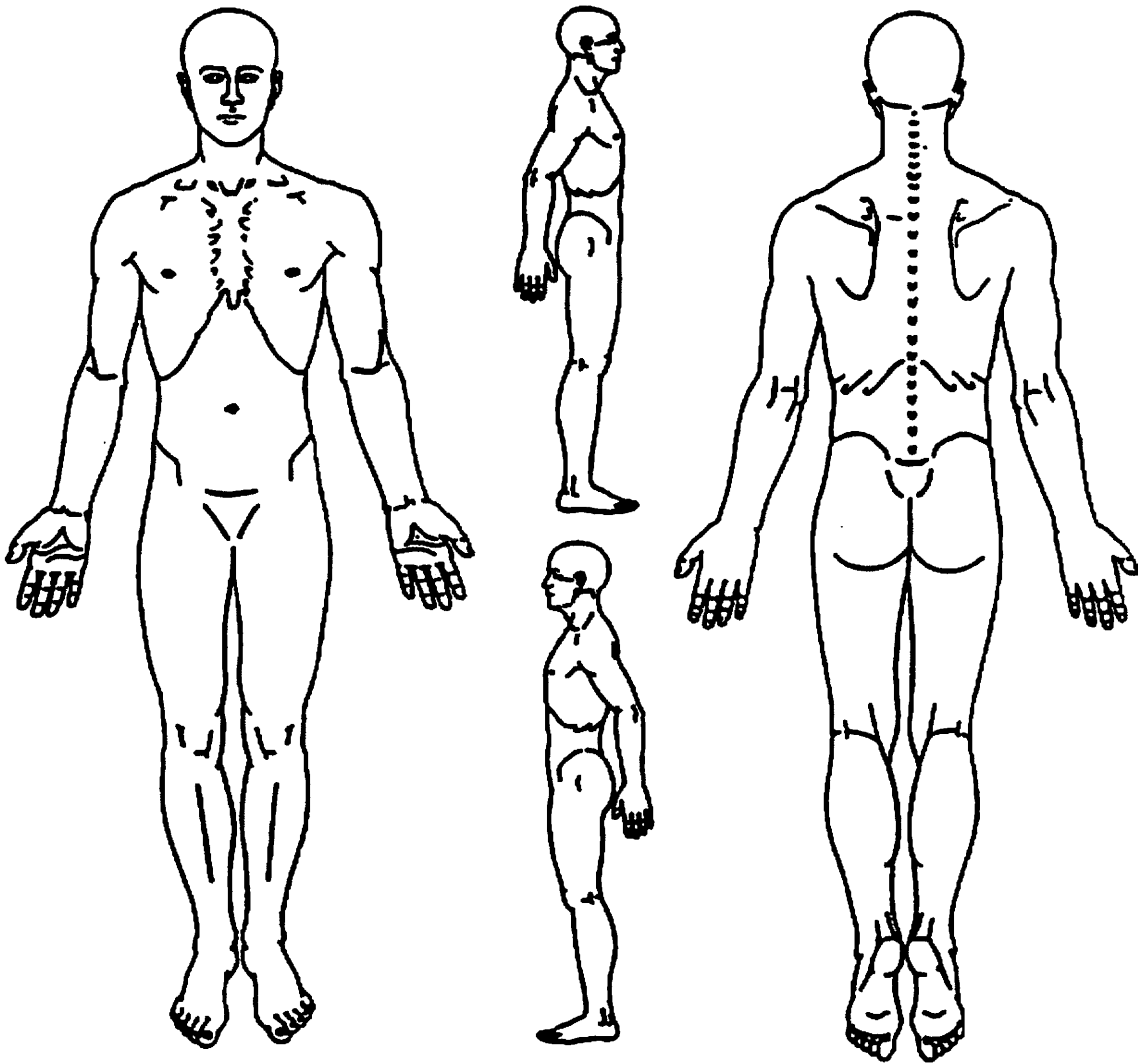
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

How long have you had this pain? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks

Is this your first episode of this pain? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Use the letter below to indicate the type and location of your sensations right now*  
(Please remember to complete both sides of this form)

A = ACHE    B = BURNING    N = NUMBNESS    P = PINS & NEEDLES    S = STABBING    O = OTHER



over please

**FOR DOCTOR'S USE**

Chief complaint (other than neck or low back pain): \_\_\_\_\_

For neck conditions use the Neck Disability Index Questionnaire; for lower back conditions use the Roland-Morris or the Oswestry Low Back Pain Disability Questionnaire.

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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.

PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR TYPICAL LEVEL OF ACTIVITIES for each of the six categories of daily living listed. A score of 0 means no disability 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 the 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 Activity** — 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 non-paying 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 such as taking a shower, driving, getting dressed, etc.

0      1      2      3      4      5      6      7      8      9      10

Completely able to function

Totally unable to function

**6. Life-Support Activity** — 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: \_\_\_\_\_