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 it's 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 functional loss 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 (eg. yard work) and errands or favors for other family members (eg. driving the children to school).

0	1	2	3	4	5	6	7	8	9	10
Completely able to function										Completely 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										Completely 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										Completely unable to function

4. **Occupation.** This category refers to activities that are a part 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										Completely unable to function

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

0	1	2	3	4	5	6	7	8	9	10
Completely able to function										Completely 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										Completely unable to function

Comments:_____

Name:_____ Date:_____