PAIN DISABILITY INDEX

Pain Disability Index: The rating scales below are designed to measure the degree to which aspects of your life are disrupted by chronic pain. In other words, we would like to know how much 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 indicating the overall impact of pain in your life, not just when pain is at its worst.

For each of the 7 categories of life activity listed, please circle the number on the scale that describes the level of disability you typically experience. 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.

2 is mild, 4 is moderate, 7 is severe and 10 is total disability.

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

No Disability 0_____1_____2_____3_____4_____5_____6_____7_____8_____9_____10_____ Total Disability

Recreation: This disability includes hobbies, sports, and other similar leisure time activities.

No Disability 0_____1_____2_____3_____4_____5_____6_____7_____8_____9_____10_____ Total Disability

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.

No Disability 0_____1_____2_____3_____4_____5_____6_____7_____8_____9_____10_____ Total Disability

Occupation: This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

No Disability 0_____1_____2_____3_____4_____5_____6_____7_____8_____9_____10_____ Total Disability

Sexual Behavior: This category refers to the frequency and quality of one's sex life.

No Disability 0_____1_____2_____3_____4_____5_____6_____7_____8_____9_____10_____ Total Disability

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

No Disability 0_____1_____2_____3_____4_____5_____6_____7_____8_____9_____10_____ Total Disability

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

No Disability 0_____1_____2_____3_____4_____5_____6_____7_____8_____9_____10_____ Total Disability

Signature_____**PleasePrint**_____

Date_____