

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    0    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    0    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, theatre, concerts, dining out, and other social functions.

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

NAME: \_\_\_\_\_

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**FUNCTIONAL RATING INDEX FOR NECK/BACK PROBLEMS QUESTIONNAIRE**

In the boxes below, mark the appropriate statements.

Pain Intensity:	No Pain	Mild Pain	Moderate Pain	Severe pain	Worst possible pain
Sleeping:	Perfect Sleep	Mildly disturbed sleep	Moderately disturbed sleep	Greatly disturbed sleep	Totally disturbed sleep
Personal Care (washing, dressing, etc):	No pain; no restrictions	Mild pain; no restrictions	Moderate pain; need to go slowly	Moderate pain; need some assistance	Severe pain: need 100% assistance
Travel (driving, etc):	No pain on long trips	Mild pain on long trips	Moderate pain on long trips	Moderate pain on short trips	Severe pain on short trips
Work:	Can do usual work plus unlimited extra	Can do usual work; no extra work	Can do 50% of usual work	Can do 25% of usual work	Cannot work
Recreation:	Can do all activities	Can do most activities	Can do some activities	Can do a few activities	Cannot do any activities
Frequency of pain:	No pain	Occasional pain; 25% of the day	Intermittent pain; 50% of the day	Frequent pain; 75% of the day	Constant pain: 100% of the day
Lifting:	No pain with heavy weight	Increased pain with heavy lifting	Increased pain with moderate weight	Increased pain with light weight	Increased pain with any weight
Walking:	No pain; any distance	Increased pain after 1 mile	Increased pain after 1/2 mile	Increased pain after 1/4 mile	Increased pain with all walking
Standing:	No pain after several hours	Increased pain after several hours	Increased pain after 1 hour	Increased pain after 1/2 hour	Increased pain with any standing

Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please check the signs and/or symptoms related to the following body systems you now have or have experienced in the past.

**CONSTITUTIONAL**

- Deny All
- Chills
- Drowsiness
- Fainting
- Fatigue
- Fever
- Night Sweats
- Weakness
- Weight Gain
- Weight Loss

**EYES**

- Deny All
- Blindness
- Blurred Vision
- Cataracts
- Change in Vision
- Double Vision
- Dry Eyes
- Eye Pain
- Field Cuts
- Glaucoma
- Sensitivity to Light
- Tearing
- Wears Glasses

**CARDIOVASCULAR**

- Deny All
- Angina
- Chest Pain
- Claudication
- Heart Murmur
- Heart Problems
- High Blood Pressure
- Low Blood Pressure
- Orthopnea
- Palpitations
- Shortness of Breath
- Swelling of Legs
- Varicose Veins

**RESPIRATORY**

- Deny All
- Asthma
- Bronchitis
- Dry Cough
- Productive Cough
- Coughing up Blood
- Difficulty Breathing
- Difficulty Sleeping
- Hemoptysis
- Pneumonia
- Sputum Production
- Wheezing

**MUSCULOSKELETAL**

- Deny All
- Arthritis
- Neck Pain
- Decreased Motion
- Gout
- Injuries
- Joint Pain
- Joint Stiffness
- Locking Joints
- Back Pain
- Muscle Cramps
- Muscle Pain
- Muscle Twitching
- Muscle Weakness
- Swelling

**INTEGUMENTARY**

- Deny All
- Breast Lumps / Pain
- Change in Nail Texture
- Change in Skin Color
- Eczema
- Hair Growth
- Hair Loss
- History of Skin Disorders
- Hives
- Itching
- Paresthesia
- Rash
- Skin Lesions

**GASTROINTESTINAL**

- Deny All
- Abdominal Pain
- Belching
- Black, Tarry Stools
- Constipation
- Diarrhea
- Heartburn
- Hemorrhoids
- Indigestion
- Jaundice
- Nausea
- Rectal Bleeding
- Abnormal Stool Caliber
- Abnormal Stool Color
- Abnormal Stool Consistency
- Vomiting
- Vomiting Blood

**GENITOURINARY**

- Deny All
- Birth Control Therapy
- Burning Urination
- Cramps
- Erectile Dysfunction
- Frequent Urination
- Hesitancy / Dribbling
- Hormone Therapy
- Irregular Menstruation
- Lack of Bladder Control
- Prostate Problems
- Urine Retention
- Vaginal Bleeding
- Vaginal Discharge

**ENMT**

- Deny All
- Bad Breath
- Dentures
- Deviated Septum
- Difficulty Swallowing
- Discharge
- Dry Mouth
- Ear Drainage
- Ear Pain
- Frequent Sore Throats
- Head Injury
- Hearing Loss
- Hoarseness
- Loss of Smell
- Loss of Taste
- Nasal Congestion
- Nose Bleeds
- Post Nasal Drip
- Sinus Infections
- Runny Nose
- Snoring
- Sore Throat
- Ringing in Ears
- TMJ Problems
- Ulcers

**NEUROLOGICAL**

- Deny All
- Change in Concentration
- Change in Memory
- Dizziness
- Headache
- Imbalance
- Loss of Consciousness
- Loss of Memory
- Numbness
- Seizures
- Sleep Disturbance
- Slurred Speech
- Stress
- Strokes
- Tremors

**PSYCHIATRIC**

- Deny All
- Agitation
- Anxiety
- Appetite Changes
- Behavioral Changes
- Bipolar Disorder
- Confusion
- Convulsions
- Depression
- Homicidal Indication
- Insomnia
- Location Disorientation
- Memory Loss
- Substance Abuse
- Suicidal Indication
- Time Disorientation

**ENDOCRINE**

- Deny All
- Cold Intolerance
- Diabetes
- Excessive Appetite
- Excessive Hunger
- Excessive Thirst
- Goiter
- Hair Loss
- Heat Intolerance
- Unusual Hair Growth
- Voice Changes

**HEMATOLOGIC / LYMPHATIC**

- Deny All
- Anemia
- Bleeding
- Blood Clotting
- Blood Transfusions
- Bruise Easily
- Lymph Node Swelling

**ALLERGIC / IMMUNOLOGIC**

- Deny All
- History of Anaphylaxis
- Itchy Eyes
- Sneezing
- Specific Food Intolerance

