UPPER CERVICAL
CHIROPRACTIC
OF ARIZONA

GENERAL PAIN DISABILITY INDEX QUESTIONNAIRE

The rating scales below are designed to measure the degree of disruption that chronic pain is causing to several aspects of your life. In other words, we would like to know how much your pain is preventing you from doing what you normally do, or from doing it as well as you normally would. Respond to each 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. A score of 0 means no disability at all, a 10 signifies all the activities you would normally be involved in have been totally disrupted or prevented by your pain.

1. FAMILY/ HOME RESPONSIBILITIES. Includes chores and duties performed around the house (e.g. yard work, errands/ driving, laundry).

0 1 2 3 4 5 6 7 8 9 10

Completely Able to Function Totally Unable to Function

2. RECREATION. This 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. Activities which include participation, (e.g. parties, concerts, dining out, or other social functions).

0 1 2 3 4 5 6 7 8 9 10

Completely Able to Function Totally Unable to Function

4. OCCUPATION. Activities directly related to jobs including nonpaying work (e.g. volunteering).

0 1 2 3 4 5 6 7 8 9 10

Completely Able to Function Totally Unable to Function

5. SELF CARE. Activities involving personal maintenance and independent daily living (e.g. showering, getting dressed, driving).

0 1 2 3 4 5 6 7 8 9 10

Completely Able to Function Totally Unable to Function

6. LIFE-SUPPORT ACTIVITY. Basic life-supporting functions such as sleeping, eating 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)