

## GENERAL PAIN INDEX QUESTIONNAIRE

We would like to know how much your pain *presently* prevents you from doing what you would normally do. Regarding each category, please indicate the *overall* impact your present pain has on your life, not just when the pain is at its worst.

Please *circle the number* which best describes how your typical level of pain affects these six categories of activities.

1. FAMILY / AT-HOME RESPONSIBILITIES SUCH AS YARD WORK, CHORES AROUND THE HOUSE OR DRIVING THE KIDS TO SCHOOL --

0    1    2    3    4    5    6    7    8    9    10

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COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

2. RECREATION INCLUDING HOBBIES, SPORTS OR OTHER LEISURE ACTIVITIES --

0    1    2    3    4    5    6    7    8    9    10

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COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

3. SOCIAL ACTIVITIES INCLUDING PARTIES, THEATER, CONCERTS, DINING-OUT AND ATTENDING OTHER SOCIAL FUNCTIONS --

0    1    2    3    4    5    6    7    8    9    10

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COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

4. EMPLOYMENT INCLUDING VOLUNTEER WORK AND HOMEMAKING TASKS --

0    1    2    3    4    5    6    7    8    9    10

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COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

5. SELF-CARE SUCH AS TAKING A SHOWER, DRIVING OR GETTING DRESSED --

0    1    2    3    4    5    6    7    8    9    10

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COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

6. LIFE-SUPPORT ACTIVITIES SUCH AS EATING AND SLEEPING --

0    1    2    3    4    5    6    7    8    9    10

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COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

PATIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

SCORE \_\_\_\_\_ (60)

BENCHMARK = 5 \_\_\_\_\_