

## 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  
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  
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  
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  
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  
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  
COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

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

Date \_\_\_\_\_

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

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

