

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 _____