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.

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY ABLE TO FUNCTION										TOTALLY UNABLE TO FUNCTION
ECREATION IN	CLUDING	G HOBBIES	S, SPORTS	S OR OTH	ER LEISU	RE ACTIV	′ITIES –			
0	1	2	3	4	5	6	7	8	9	10
COMPLETELY ABLE TO FUNCTION										TOTALLY UNABLE TO FUNCTION
DCIAL ACTIVIT	IES INCL	UDING PA	RTIES, TI	HEATER, (CONCERT	S, DINING	9 –OUT AI	ND ATTEN	NDING OT	HER SOCIAL FUN
0	1	2	3	4	5	6	7	8	9	10
COMPLETELY ABLE TO FUNCTION			_		-	-		-	-	TOTALLY UNABLE TO FUNCTION
MPLOYMENT II	NCLUDIN						_	0	0	40
O COMPLETELY ABLE	1	2	3	4	5	6	7	8	9	10 TOTALLY UNABLE
TO FUNCTION ELF -CARE SU	CH AS TA	KING A SI	HOWER, [ORIVING (OR GETTII	NG DRESS	SED –			TO FUNCTION
0	1	2	3	4	5	6	7	8	9	10
COMPLETELY ABLE TO FUNCTION			-		-	-		-	-	TOTALLY UNABLE TO FUNCTION
_IFE -SUPPORT	ACTIVIT	IES SUCH	AS EATIN	IG AND SI	_EEPING ·	_				
O COMPLETELY ABLE	1	2	3	4	5	6	7	8	9	10 TOTALLY UNABLE
TO FUNCTION										TO FUNCTION
TIENT N AME							DATE			