

Name _____

Date _____

Pain Disability Index: Measures of disability related to pain

Circle the level of disability caused by physical pain related to these life areas

(1) **Family and home responsibilities:** activities related to home and family

0--1--2--3--4--5--6--7--8--9--10
None Moderate Severe

(2) **Recreation:** hobbies sports and other leisure time activities

0--1--2--3--4--5--6--7--8--9--10
None Moderate Severe

(3) **Social activity:** participation with friends and acquaintances other than family members

0--1--2--3--4--5--6--7--8--9--10
None Moderate Severe

(4) **Occupation:** activities partly or directly related to working including housework or volunteering

0--1--2--3--4--5--6--7--8--9--10
None Moderate Severe

(5) **Sexual Behavior:** frequency and quality of sex life

0--1--2--3--4--5--6--7--8--9--10
None Moderate Severe

(6) **Self Care:** personal maintenance and independent daily living (bathing, dressing etc.)

0--1--2--3--4--5--6--7--8--9--10
None Moderate Severe

(7) **Life-support Activity:** basic life-supporting behaviors (eating, sleeping, breathing etc.)

0--1--2--3--4--5--6--7--8--9--10
None Moderate Severe

Total Score: _____