

Below are 20 different groups of words. Some of the words probably describe your current pain. Please circle ONLY those words that you believe would BEST describe your current pain. NEVER circle more than ONE WORD per group! If a group has NO WORD to describe your pain, then DO NOT circle any word in that group.

- | | | | | | |
|---|---|---|--|---|--|
| 1. (S) flickering quivering pulsing throbbing beating | 5. (S) pinching pressing gnawing cramping rushing | 8. (S) tingling itchy smarting stinging | 11. (S) tiring exhausting | 15. (S) wretched blinding | 18. (S) tight numb squeezing |
| 2. (S) jumping lashing shooting | 6. (S) tugging pulling wrenching | 9. (S) dull sore hurting aching heavy | 12. (S) sickening suffocating | 16. (S) annoying troublesome miserable intense unbearable | 19. (S) cool cold |
| 3. (S) pricking boring drilling tabbing lancinating | 7. (S) hot burning scalding scarring | 10. (S) tender taut rasping splitting | 13. (S) fearful frightful terrifying | 17. (S) spreading radiating penetrating piercing | 20. (S) nagging nauseating agonizing dreadful |
| 4. (S) sharp cutting lacerating | | | 14. (S) punishing grueling cruel vicious killing | | |

Pain Disability Index

The rating scales below measure the impact of chronic pain in your everyday life. For each of the 7 categories of life activity listed, circle the one number that best reflects the level of disability you typically experience. A score of 0 means no disability at all. A score of 10 means that all the activities which you would normally do have been disrupted or prevented by your pain. MAKE A RATING FOR EVERY CATEGORY. IF YOU THINK A CATEGORY DOES NOT APPLY TO YOU CIRCLE "0."

FAMILY/HOME RESPONSIBILITIES: This category refers to activities related to the home or family. It includes chores and duties performed around the house (e.g., yard work) and errands or favors for other family members (e.g., driving the children to school).

| | | | | | | | | | | |
|---------------|---|------|---|---|----------|---|--------|---|---|------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No disability | | Mild | | | Moderate | | Severe | | | Total Disability |

RECREATION: This category includes hobbies, sports, and other leisure-time activities..

| | | | | | | | | | | |
|---------------|---|------|---|---|----------|---|--------|---|---|------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No disability | | Mild | | | Moderate | | Severe | | | Total Disability |

SOCIAL ACTIVITY: This category includes parties, theater, concerts, dining out, and other social activities that are attended with family and friends.

| | | | | | | | | | | |
|---------------|---|------|---|---|----------|---|--------|---|---|------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No disability | | Mild | | | Moderate | | Severe | | | Total Disability |

OCCUPATION: This category refers to activities that are directly related to one's job. This includes non-pay jobs as well, such as that of a homemaker or volunteer worker.

| | | | | | | | | | | |
|---------------|---|------|---|---|----------|---|--------|---|---|------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No disability | | Mild | | | Moderate | | Severe | | | Total Disability |

SEXUAL BEHAVIOR: This category refers to the frequency and quality of one's sex life.

| | | | | | | | | | | |
|---------------|---|------|---|---|----------|---|--------|---|---|------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No disability | | Mild | | | Moderate | | Severe | | | Total Disability |

SELF-CARE: This category includes personal maintenance and independent living activities (e.g., taking a shower, driving, getting dressed).

| | | | | | | | | | | |
|---------------|---|------|---|---|----------|---|--------|---|---|------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No disability | | Mild | | | Moderate | | Severe | | | Total Disability |

LIFE SUPPORT ACTIVITY: This category refers to basic life-supporting behaviors such as eating, sleeping, and breathing.

| | | | | | | | | | | |
|---------------|---|------|---|---|----------|---|--------|---|---|------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No disability | | Mild | | | Moderate | | Severe | | | Total Disability |