

## General Pain Index Questionnaire

We would like to know how much your pain **presently** prevents you for 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 inducing 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)