



Pain Disability Index

The Pain Disability Index is a tool designed to help patients measure the degree their daily lives are disrupted by chronic pain.

You can customize the form on the next page and add your practice name and address information in the area at the top of the page. Some forms include additional fields you can complete.

INSTRUCTIONS FOR CUSTOMIZING THE PDF

Click in the first form field you want to fill in and start typing. After entering text, do any of the following:

- Press Tab or Shift+Tab to accept the form field change and go to the next or previous field
- Press Esc to reject the form field change and deselect the current form field. If you are viewing the form in full-screen mode, pressing Esc a second time causes you to exit full-screen mode

After you fill in the form fields, do any of the following:

- Click the “Submit Form” button, if one exists. Clicking this button sends the form data to a database across the Web or over your company intranet
- Choose File > Save As, and rename the file to save the form with the data you entered. Save it to your computer
- Print the form

Pain Disability Index¹

Name _____ Date _____

Pain disability index: The rating scales below are designed to measure the degree to which aspects of your life are disrupted by chronic pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do or from doing it as well as you normally would. Respond to each category by indicating the overall impact of pain in your life, not just when the pain is at its worst.

For each of the 7 categories of life activity listed, please circle the number on the scale that describes the level of disability you typically experience. **A score of 0 means no disability at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.**

Family/home responsibilities: This category refers to activities of the home or family. It includes chores or duties performed around the house (eg, yard work) and errands or favors for other family members (eg, driving the children to school).

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability

Recreation: This category includes hobbies, sports, and other similar leisure time activities.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability

Social activity: This category refers to activities that involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability

Occupation: This category refers to activities that are a part of or directly related to one's job. This includes nonpaying jobs as well, such as that of a housewife or volunteer worker.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability

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

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability

Life-support activity: This category refers to basic life-supporting behaviors such as eating, sleeping, and breathing.

No disability 0 1 2 3 4 5 6 7 8 9 10 Worst disability

References

1. Pollard CA. Preliminary validity study of the pain disability index. *Percept Mot Skills*. 1984;59(3):974.