



## 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.

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 WITH FRIENDS -

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY ABLE TO FUNCTION					TOTALLY UNABLE TO FUNCTION					

4. **EMPLOYMENT** INCLUDING 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]

BENCHMARK -5 = \_\_\_\_\_