



COLEMAN FAMILY CHIROPRACTIC ~ THE PG WELLNESS INSTITUTE

~ NATURAL HEALING FOR A LIFETIME OF WELLNESS ~

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GENERAL PAIN DISABILITY INDEX QUESTIONNAIRE

The rating scales below are designed to measure the degree to which several aspects of your life are presently 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. Response 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 six categories of daily living listed, please circle the number which best describes your typical level of activities. A score of '0' means completely able to function, 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.

1. Home/Family Responsibilities

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

0 1 2 3 4 5 6 7 8 9 10

Completely Able to Function

Totally Unable to Function

2. Recreation

This category refers to your activities related to your hobbies, sports, and other similar leisure time activities.

0 1 2 3 4 5 6 7 8 9 10

Completely Able to Function

Totally Unable to Function

3. Social Activity

This category refers to your activities related to your involved participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

0 1 2 3 4 5 6 7 8 9 10

Completely Able to Function

Totally Unable to Function

4. Occupation

This category refers to your activities that are a part of or directly related to your job. This includes nonpaying jobs as well such as that of a homemaker or volunteer worker.

0 1 2 3 4 5 6 7 8 9 10

Completely Able to Function

Totally Unable to Function

5. Self Care

This category refers to your activities that involve personal maintenance and independent daily living (e.g., taking a shower, driving, getting dressed, etc.).

0 1 2 3 4 5 6 7 8 9 10

Completely Able to Function

Totally Unable to Function

6. Life-Support Activity

This category refers to your basic life-supporting behaviors such as eating, sleeping, and breathing.

0 1 2 3 4 5 6 7 8 9 10

Completely Able to Function

Totally Unable to Function

_____ Total Score

_____ File #

_____ Patient's Signature

_____ Date

Patient File #: _____