

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 **check the box under 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

Completely able to function 0 1 2 3 4 5 6 7 8 9 10 Totally unable to function

2. Recreation including hobbies, sports, or other leisure activities

Completely able to function 0 1 2 3 4 5 6 7 8 9 10 Totally unable to function

3. Social activities including parties, theater, concerts, dining-out, or attending other social functions

Completely able to function 0 1 2 3 4 5 6 7 8 9 10 Totally unable to function

4. Employment including volunteer work and homemaking tasks

Completely able to function 0 1 2 3 4 5 6 7 8 9 10 Totally unable to function

5. Self-care such as taking a shower, driving, or getting dressed

Completely able to function 0 1 2 3 4 5 6 7 8 9 10 Totally unable to function

6. Life-support activities such as eating and sleeping

Completely able to function 0 1 2 3 4 5 6 7 8 9 10 Totally unable to function

Patient Name _____

Date _____

Score _____ (60)

Benchmark . = 5 _____