

# PAIN DISABILITY INDEX

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 seven categories of life activity listed, please circle the number on the scale which 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.

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

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

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**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

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**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

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**Occupation:** This category refers to activities that are a part 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

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**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

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**Self-care:** This category includes activities that involve personal maintenance and independent daily living (e.g., taking a shower, driving, getting dressed, etc.)

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

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**Life-support Activities:** 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

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