

## Pain Disability Index

(Medicare Required)

-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 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 indicating the overall impact of pain in your life, not just when 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 (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

**Recreation:** This disability 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, which 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 part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

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

**Self Care:** This category includes activities, which 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

**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

**\*Have you had Home Health Care Services within the past 3 months?** Y / N (circle) If

Yes, Date of Discharge: \_\_\_\_\_

**\*Have you fallen in the past 12 months?** Y / N (circle)

If Yes, how many times? \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Please Print** \_\_\_\_\_

**Date** \_\_\_\_\_