

BOUTROS CHIROPRACTIC & WELLNESS

INJURY CARE-NUTRITION-REHABILITATION

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 = _____