

Patient #: _____

General Pain Disability Index Questionnaire

Name (please print): _____ Date: _____

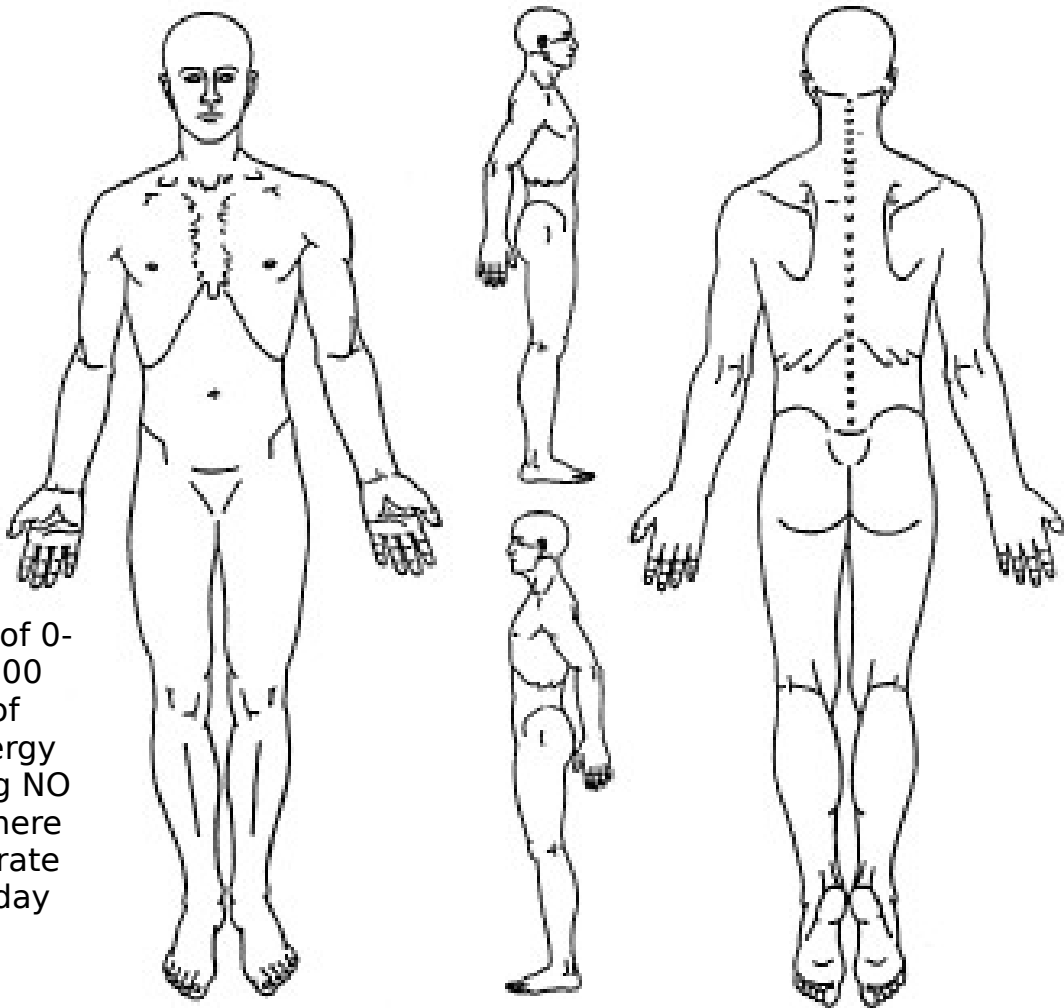
Age: _____ Date of Birth: _____ Occupation: _____

How long have you had this pain? _____ Years _____ Months _____ Weeks

Is this your first episode of this pain? _____ Yes _____ No

Use the letters below to indicate the type
and location of your sensations right now

Key: A = Ache B = Burning N = Numbness
 P = Pins & Needles S = Stabbing O = Others



On a scale of 0-100, with 100 being lots of vibrant energy and 0 being NO energy; where would you rate yourself today

For Doctor's Use:

Chief complaint (other than neck or low back pain): _____
