

Arnold Chiropractic Life Center

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.

1. **Family/at-home responsibilities** such as yard work, chores around the house or driving the children 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 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, sporting events, dining out, and attending 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 task –

0 1 2 3 4 5 6 7 8 9 10

Completely able
to function

Totally unable
to function

5. **Self-care** such as take a shower or bath, grooming, getting dressed, and driving –

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

Score _____ (60)

Patient Name _____ Date _____