

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Pain Disability Index

	Total Disability		Severe			Mild			No Disability		
Family/ Home Responsibilities	10	9	8	7	6	5	4	3	2	1	0
Recreation	10	9	8	7	6	5	4	3	2	1	0
Social Activity	10	9	8	7	6	5	4	3	2	1	0
Occupation	10	9	8	7	6	5	4	3	2	1	0
Sexual Behavior	10	9	8	7	6	5	4	3	2	1	0
Self-Care	10	9	8	7	6	5	4	3	2	1	0
Life-Support Activity	10	9	8	7	6	5	4	3	2	1	0

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**Score:** Sum total of all items.

Higher score- higher disability

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