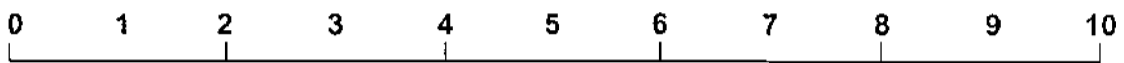


Pain Disability Questionnaire: Scoring and Interpretation

The Pain Disability Questionnaire uses an 11-point visual analog scale for each item, with scores for each item ranging from 0-10 (full integers only). The line of the visual analog scale is approximately 15 cm, so 1.5 cm equals one point and each tick mark on the line equals two points.

To score each item, assess where the patient places the "X" on the line and choose the number that corresponds most closely to where the "X" is placed. Note that on there are no numbers displayed on the actual questionnaire, so use the example shown below to approximate the number assignment.



If the "X" is exactly between two numbers, choose the lower number. If the patient places two "Xs" on the line, choose the point exactly in between the two "Xs" for scoring purposes. If the patient places more the two "Xs" on the line, ask him/her to re-take the questionnaire. If the patient leaves an item blank, ask him/her to complete the item. If the patient states that the item is not applicable or he/she cannot answer it for any reason, do not score the item as "0", but leave it blank. If there is more than one missing item per test, score the entire test as "unreliable."

Write in the score for each item on the line to the right of the corresponding item number on Page 2 of the actual questionnaire in the "Office Use Only" section. Once you have scored each item and recorded all scores on Page 2 in the "Office Use Only" section, add the scores of the pertinent items to calculate the Functional Status Component and Psychosocial Status Component scores. Then, add the two component scores to derive the Total PDQ score. Use the Total PDQ score for documentation.

For documentation, record the score as a ratio of the highest possible score (e.g. 40/150). The highest possible score the Functional Status Component is 90, Psychosocial Status Component 60, and Total PDQ score is 150.

Note: The higher the score, the higher level of disability; that is, lower scores are better and improvement is displayed when scores are reduced.

Pain Disability Questionnaire

NAME: _____ DATE: _____

Please read:

This survey asks for your views about how your pain affects how you function in every day activities. This information will help you and your doctor know how you feel and how well you are able to do your daily tasks at this time.

Please answer every question by marking an "X" along the line to show how much your pain problem has affected you (from having no problems at all to having the most severe problems you can imagine).

1) Does your pain interfere with your normal work inside and outside the home?

Work normally _____ Unable to work at all

2) Does your pain interfere with personal care (such as washing, dressing, etc.)?

Take care of myself completely _____ Need help with all my personal care

3) Does your pain interfere with your traveling?

Travel anywhere I like _____ Only travel to see doctors

4) Does your pain affect your ability to sit or stand?

No problems _____ Cannot do at all

5) Does your pain affect your ability to lift overhead, grasp objects, or reach for things?

No problems _____ Cannot do at all

6) Does your pain affect your ability to lift objects off the floor, bend, stoop, or squat?

No problems _____ Cannot do at all

7) Does your pain affect your ability to walk or run?

No problems _____ Cannot do at all

COMPLETE OTHER SIDE →

8) Has your income declined since your pain began?

No decline _____ Lost all income

9) Do you have to take pain medication every day to control your pain?

No medication needed _____ On pain medication throughout the day

10) Does your pain force you to see doctors much more often than before your pain began?

Never see doctors _____ See doctors weekly

11) Does your pain interfere with your ability to see the people who are important to you as much as you would like?

No problem _____ Never see them

12) Does your pain interfere with recreational activities and hobbies that are important to you?

No interference _____ Total interference

13) Do you need help of your family and friends to complete everyday tasks (including both work outside the home and housework) because of your pain?

Never need help _____ Need help all the time

14) Do you now feel more depressed, tense, or anxious than before your pain began?

No depression/tension _____ Severe depression/tension

15) Are there emotional problems caused by your pain that interfere with your family, social, or work activities?

No problems _____ Severe problems

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Functional: 1 ___ + 2 ___ + 3 ___ + 4 ___ + 5 ___ + 6 ___ + 7 ___ + 12 ___ + 13 ___ = _____

Psychosocial: 8 ___ + 9 ___ + 10 ___ + 11 ___ + 14 ___ + 15 ___ = _____

TOTAL = _____