

ADVANCED SPINE & POSTURE

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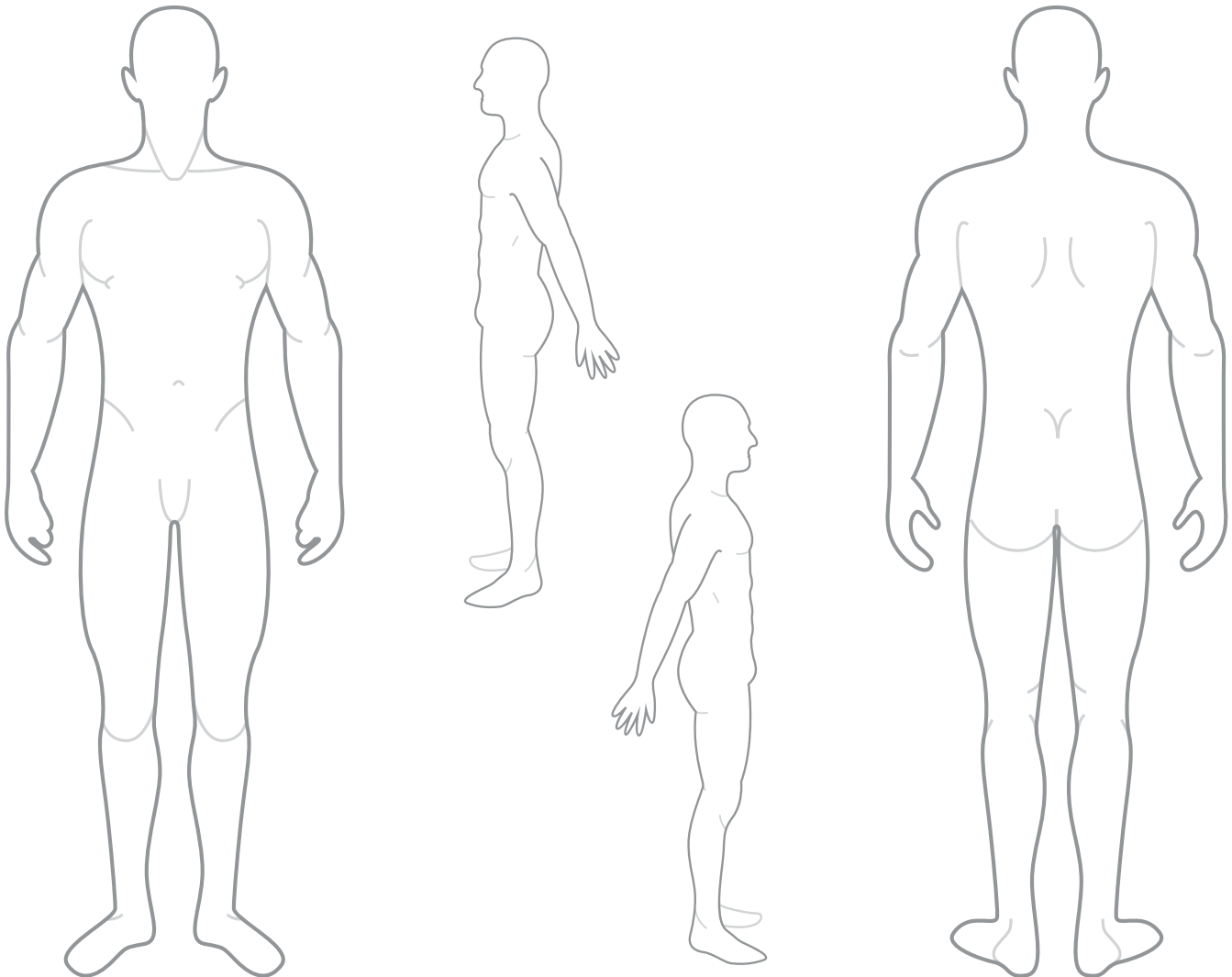
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THE DISABILITY INDEX QUESTIONNAIRE

How long have you had spine or extremity pain? Years _____ Months _____ Weeks _____

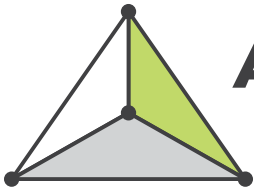
ON THE DIAGRAM BELOW, PLEASE INDICATE WHERE YOU ARE EXPERIENCING PAIN AND OTHER SYMPTOMS.



A = ACHE
S = STABBING

P = PINS & NEEDLES
N = NUMBNESS

B = BURNING
O = OTHER



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GENERAL PAIN DISABILITY INDEX QUESTIONNAIRE

PLEASE READ: This rating scales below are designed to measure the degree to which several aspects of your life are presently disrupted by chronic pain. In other words, we would like to know how much pain is preventing you from doing what you would normally do, or from doing it as you normally would. Respond to each category by indicating the *overall* impact of pain in your life, not just when the pain is at its worse.

For each of the six categories of daily living listed. **PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR TYPICAL LEVEL OF ACTIVITIES.** A score of 0 means no disability at all and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

1. Family/Home Responsibilities. This category refers to activities related to the home or family. It includes chores and duties performed around the house (e.g., yard work) and errands or favors for other family members (e.g., 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. This category includes hobbies, sports, and other similar leisure time activities.

0	1	2	3	4	5	6	7	8	9	10	
Completely able to function											Totally unable to function

3. Social Activities. This category refers to activities which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

0	1	2	3	4	5	6	7	8	9	10	
Completely able to function											Totally unable to function

4. Occupation. This category refers to activities that are a part of or directly related to one's job. This includes nonpaying jobs as well, such as that of a homemaker or volunteer worker.

0	1	2	3	4	5	6	7	8	9	10	
Completely able to function											Totally unable to function

5. Self Care. This category includes activities which involve personal maintenance and independent daily living (e.g., taking a shower, driving, getting dressed, etc.)

0	1	2	3	4	5	6	7	8	9	10	
Completely able to function											Totally unable to function

6. Life-Support Activity. This category refers to basic life-supporting behaviors such as eating, sleeping, and breathing.

0	1	2	3	4	5	6	7	8	9	10
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Patient Signature: _____ Date: _____ H.C.P Signature: _____ Score: _____