

Pain Inventory

19. **Rate the intensity of your pain overall (most of the time):** *circle one*
 0. No pain 1. Mild 2. Discomfort
 3. Distressing 4. Horrible 5. Excruciating
20. **Rate the intensity of your pain at its very worst:** *circle one*
 0. No pain 1. Mild 2. Discomfort
 3. Distressing 4. Horrible 5. Excruciating
21. **Rate the intensity of your pain at its very best or least:** *circle one*
 0. No pain 1. Mild 2. Discomfort
 3. Distressing 4. Horrible 5. Excruciating

Additional description: _____

The rating scales below are designed to measure the degree to which several aspects of your life are presently disrupted by chronic pain. Respond to each category by indicating the overall impact of pain on your life, not just when the pain is at its worst. For each category, please circle the number which describes the levels of disability you typically experience.

22. **Family/home responsibilities.** Activities related to the home or family, including chores and duties performed around the house (e.g., yard work) and errands or favors for other family members.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Total disability

23. **Recreation.** Hobbies, sports and similar leisure time activities.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Total disability

24. **Social activity.** Participation with friends and acquaintances other than family members, including parties, theater, concerts, dining out, and other social function.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Total disability

25. **Occupation.** Activities that are a part of or directly related to one's job, including nonpaying jobs.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Total disability

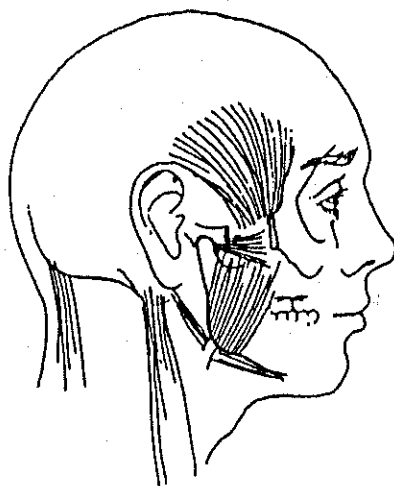
26. **Self-care.** Activities of daily maintenance and independent daily living (taking a shower, driving, getting dressed, etc.)

No Disability 0 1 2 3 4 5 6 7 8 9 10 Total disability

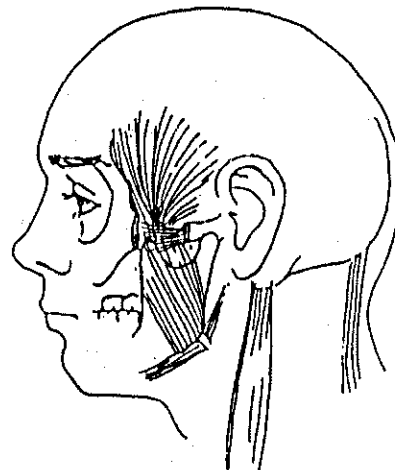
27. **Life-support activities.** Basic life-support behaviors such as eating, sleeping and breathing.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Total disability

28. **Draw an outline on the area(s) of your pain/discomfort.**



Right



Left