
Pain Inventories

Name: _____

Date: _____

PAIN DISABILITY INDEX

Instructions: The 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 your pain is preventing you from doing what you would normally do, or from doing it as well as you normally would. 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. A score of 0 means no disability at all and a score of 10 means that all the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

1. **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 (e.g., driving the children to school).

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

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

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

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

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

4. **Occupation.** Activities that are a part of or directly related to one's job, including nonpaying jobs such as that of a homemaker or volunteer work.

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

5. **Sexual activity.** This category refers to the frequency and quality of one's sex life.

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

6. **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

7. **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

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CES-D

Instructions: Using the scale below, indicate the number which best describes how often you felt or behaved this way DURING THE PAST WEEK.

- 0 - Rarely or none of the time (less than 1 day)
- 1 - Some or a little of the time (1?2 days)
- 2 - Occasionally or a moderate amount of time (3?4 days)
- 3 - Most or all of the time (5?7 days)

- _____ 1. I was bothered by things that usually don't bother me.
- _____ 2. I did not feel like eating; my appetite was poor.
- _____ 3. I felt that I could not shake off the blues even with help from my family or friends.
- _____ 4. I felt that I was just as good as other people.
- _____ 5. I had trouble keeping my mind on what I was doing.
- _____ 6. I felt depressed.
- _____ 7. I felt that everything I did was an effort.
- _____ 8. I felt hopeful about the future.
- _____ 9. I thought my life had been a failure.
- _____ 10. I felt fearful.
- _____ 11. My sleep was restless.
- _____ 12. I was happy.
- _____ 13. I talked less than usual.
- _____ 14. I felt lonely.
- _____ 15. People were unfriendly.
- _____ 16. I enjoyed life.
- _____ 17. I had crying spells.
- _____ 18. I felt sad.
- _____ 19. I felt that people disliked me.
- _____ 20. I could not get going.?

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Complete the following only if you have back or neck pain.

OSWESTRY FUNCTION TEST

Instructions: Please circle the one answer in each section that best applies to your condition.

PAIN INTENSITY

0. I can tolerate my pain without having to use pain killers.
1. My pain is bad but I manage without taking pain killers.
2. Pain killers give me complete relief from my pain.
3. Pain killers give me moderate relief from my pain.
4. Pain killers give me very little relief from my pain.
5. Pain killers have no effect on my pain and I do not use them.

PERSONAL CARE (washing, dressing, etc.)

0. I can look after myself normally without causing extra pain.
1. I can look after myself normally but it causes extra pain.
2. It is painful to look after myself and I am slow and careful.
3. I need some help but I manage most of my personal care.
4. I need help every day in most aspects of self care.
5. I do not get dressed, wash with difficulty, and stay in bed.

LIFTING

0. I can lift heavy objects without extra pain.
1. I can lift heavy objects but it gives me extra pain.
2. Pain prevents me from lifting heavy objects off the floor, but I can manage if they are conveniently positioned.
3. Pain prevents me from lifting heavy objects, but I can manage light to medium objects if they are conveniently positioned.
4. I can only lift very light objects.
5. I cannot lift or carry anything at all.

WALKING

0. Pain does not prevent me from walking any distance.
1. Pain prevents me from walking more than 1 mile.
2. Pain prevents me from walking more than ? mile.
3. Pain prevents me from walking more than ? mile.
4. I can only walk using a cane or crutches.
5. I am in bed most of the time and have to crawl to the toilet.

SITTING

0. I can sit in any chair as long as I like.
1. I can sit in my favorite chair as long as I like.
2. Pain prevents me from sitting more than 1 hour.
3. Pain prevents me from sitting more than ? hour.
4. Pain prevents me from sitting more than 10 minutes.
5. Pain prevents me from sitting at all.

STANDING

0. I can stand as long as I want without extra pain.
1. I can stand as long as I want but it gives me extra pain.
2. Pain prevents me from standing more than 1 hour.
3. Pain prevents me from standing more than ? hour.
4. Pain prevents me from standing more than 10 minutes.
5. Pain prevents me from standing at all.

SLEEPING

0. Pain does not prevent me from sleeping well.
1. I can sleep well only by taking medication for sleep.
2. Even when I take medication, I have less than 6 hours sleep.
3. Even when I take medication, I have less than 4 hours sleep.
4. Even when I take medication, I have less than 2 hours sleep.
5. Pain prevents me from sleeping at all.

SEX LIFE

0. My sex life is normal and causes me no extra pain.
1. My sex life is normal but causes me some extra pain.
2. My sex life is nearly normal but is very painful.
3. My sex life is severely restricted by pain.
4. My sex life is nearly absent because of pain.
5. Pain prevents any sex life at all.

SOCIAL LIFE

0. My social life is normal and causes me no extra pain.
1. My social life is normal but increases the degree of pain.
2. Pain has no significant effect on my social life apart from limiting my more energetic interests like dancing, etc.
3. Pain has restricted my social life and I do not go out as often.
4. Pain has restricted my social life to my home.
5. I have no social life because of pain.

TRAVELING

0. I can travel anywhere without pain.
1. I can travel anywhere but it gives me extra pain.
2. Pain is bad but I manage journeys over 2 hours.
3. Pain restricts me to journeys of less than 1 hour.
4. Pain restricts me to short necessary journeys under ? hour.
5. Pain prevents me from traveling except to the doctor or hospital.