Rev. 5/21/2015

PAIN DISABILITY QUESTIONNAIRE (PDQ)

Name:

ID# Date:

Please read:
This questionnaire asks for your opinions on how pain currently interferes with your ability to do everyday activities. The results will provide information to your healthcare providers about how you feel and how well you are able to function.

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

BE SURE TO ANSWER ALL QUESTIONS.

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 bathing, dressing, etc.)?

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

3. Does your pain interfere with your traveling?

Travel anywhere I like | | | | | | Cannot travel at all

4. Does your pain interfere with your ability to sit or stand?

No problems | | | | | | Cannot do at all

5. Does your pain interfere with your ability to lift overhead, grasp objects, or reach for things?

No problems | | | | | | Cannot do at all

6. Does your pain interfere with your ability to bend, stoop, squat, or lift objects off the floor?

No problems | | | | | | Cannot do at all

7. Does your pain interfere with your ability to walk or run?

No problems | | | | | | Cannot do at all

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8. Is your income less since your pain began?

No decrease | | | | | | No income at all

9. Do you have to take pain medication to control your pain?

No pain medication needed | | | | | | Taking 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 problems | | | | | | Never see them

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

No problems | | | | | | Cannot do at all

13. Do you need the help of your family and friends to complete everyday tasks (including both work inside and outside the home) 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