Patient #:_____

General Pain Disability Index Questionnaire

Name (please print):_____ Date:_____

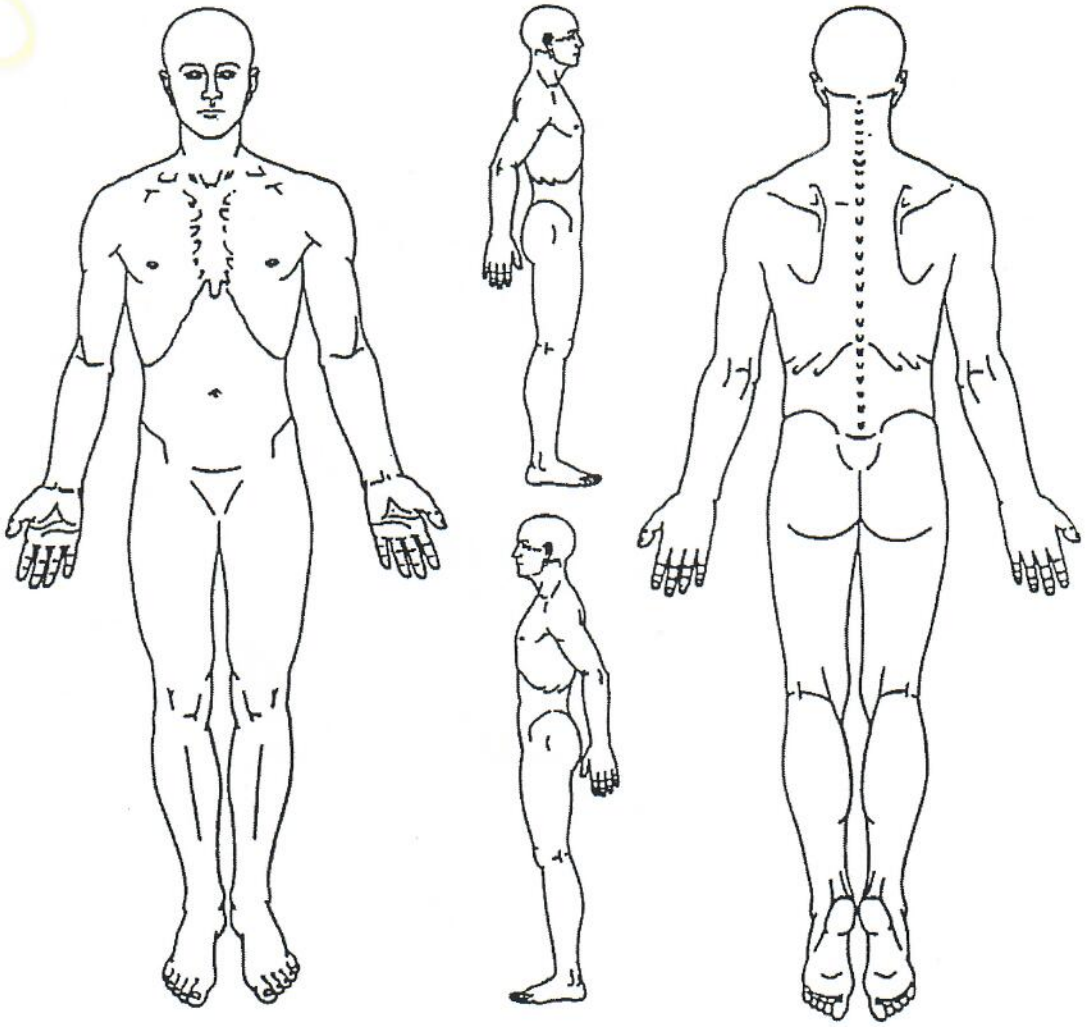
Age:[redacted] Date of Birth:[redacted] Occupation:_____

How long have you had this pain? _____Years _____Months _____Weeks

Is this your first episode of this pain? _____Yes _____No

Use the letters below to indicate the type and location of your sensations right now

Key: A = Ache B = Burning N = Numbness
P = Pins & Needles S = Stabbing O = Others



For Doctor's Use:

Chief complaint (other than neck or low back pain):_____

_____