

PDR-C

Pain Disability Report-Comprehensive

Instructions:

The following survey is concerned with how your pain has affected your life. You will be presented with a series of statements. For each statement, select the one answer that best describes how much you agree or disagree with the statement. For example, if you strongly agree with an item, answer 5, 6, or 7. If you strongly disagree with an item, answer 0, 1, or 2. If you moderately agree or feel neutral about an item, answer 3 or 4. Answer the questions in terms of how you have been feeling in the past few days.

Remember to answer all questions and be as accurate as you can

Please read the above instructions before beginning

Name (print clearly): _____

Today's date: _____

Social Security #: _____

	Strongly Disagree				Strongly Agree			
1. I tell others to leave me alone when I hurt	0	1	2	3	4	5	6	7
2. I am not able to meet my obligations as a husband/wife or boyfriend/girlfriend	0	1	2	3	4	5	6	7
3. My sleep is disturbed	0	1	2	3	4	5	6	7
4. I spend much of my day doing nothing	0	1	2	3	4	5	6	7
5. I don't have much energy	0	1	2	3	4	5	6	7
6. I often feel tense and keyed up	0	1	2	3	4	5	6	7
7. There is strain in my marriage/relationship	0	1	2	3	4	5	6	7
8. I spend much of my day resting	0	1	2	3	4	5	6	7
9. I rarely do things for fun	0	1	2	3	4	5	6	7
10. I'm tired and run down	0	1	2	3	4	5	6	7
11. I avoid interacting with others	0	1	2	3	4	5	6	7
12. I find it difficult falling to sleep	0	1	2	3	4	5	6	7
13. I'm not very affectionate	0	1	2	3	4	5	6	7
14. I limit what I do because of pain, weakness, or fatigue	0	1	2	3	4	5	6	7
15. I am not able to meet my obligations as a parent	0	1	2	3	4	5	6	7
16. I prefer to be alone	0	1	2	3	4	5	6	7
17. I don't get out of the house very often	0	1	2	3	4	5	6	7
18. I'm not very physically active	0	1	2	3	4	5	6	7
19. I don't sleep well	0	1	2	3	4	5	6	7
20. I'm concerned I'll fall apart psychologically if I do not get rid of my pain	0	1	2	3	4	5	6	7
21. I become irritable when I hurt	0	1	2	3	4	5	6	7
22. I am not able to meet my obligations as a friend to others	0	1	2	3	4	5	6	7

	Strongly Disagree					Strongly Agree		
23. I often have thoughts the worst could happen	0	1	2	3	4	5	6	7
24. I often feel discouraged about the future	0	1	2	3	4	5	6	7
25. I'm often irritable and grouchy	0	1	2	3	4	5	6	7
26. I'm not confident in myself	0	1	2	3	4	5	6	7
27. My marriage/relationship is not satisfying	0	1	2	3	4	5	6	7
28. I avoid activities because of pain, fatigue, or weakness	0	1	2	3	4	5	6	7
29. I can work effectively	0	1	2	3	4	5	6	7
30. I fear if I don't get rid of my pain I will be unable to do much of anything	0	1	2	3	4	5	6	7
31. I think the future is hopeless	0	1	2	3	4	5	6	7
32. I often feel disappointed in myself	0	1	2	3	4	5	6	7
33. I can take care of my daily responsibilities at home	0	1	2	3	4	5	6	7
34. I have fears of losing control	0	1	2	3	4	5	6	7
35. I can work productively	0	1	2	3	4	5	6	7
36. I can do all of my chores around the house	0	1	2	3	4	5	6	7
37. I'm not interested in socializing	0	1	2	3	4	5	6	7
38. I don't go out that often for entertainment	0	1	2	3	4	5	6	7
39. I'm not doing very much on a day to day basis	0	1	2	3	4	5	6	7
40. I will never be happy as long as I have pain	0	1	2	3	4	5	6	7
41. I get quiet and want to be by myself when I hurt	0	1	2	3	4	5	6	7
42. I'm concerned my pain will worsen	0	1	2	3	4	5	6	7
43. I will never enjoy life again as long as I have pain	0	1	2	3	4	5	6	7
44. I'm not able to meet my obligations as a provider	0	1	2	3	4	5	6	7
45. I'm frequently nervous	0	1	2	3	4	5	6	7
46. I often feel sad and depressed	0	1	2	3	4	5	6	7

Rate *how much your pain interferes* with your ability to do the following (today and in the past week)

Stop! Did you read the above instructions?

	<u>Not At All</u>				<u>A Great Deal</u>			
47. My pain interferes with my ability to lift light loads (e.g., gallon of milk, small bag of groceries, or a 12 pack of soda)	0	1	2	3	4	5	6	7
48. My pain interferes with my ability to lift medium loads (e.g., case of soda, kitchen garbage can, or large bag of groceries)	0	1	2	3	4	5	6	7
49. My pain interferes with my ability to lift heavy loads (e.g., heavy suitcase, bag of dog food, or lifting a child into a car seat)	0	1	2	3	4	5	6	7
50. My pain interferes with my ability to push light loads (e.g., empty shopping cart or empty wheel barrow)	0	1	2	3	4	5	6	7
51. My pain interferes with my ability to push medium loads (e.g., vacuum cleaner, snow shovel with light snow, or full shopping cart)	0	1	2	3	4	5	6	7
52. My pain interferes with my ability to push heavy loads (e.g., lawn mower, snow shovel with wet snow, or closing the hood of a car)	0	1	2	3	4	5	6	7
53. My pain interferes with my ability to pull light loads (e.g., opening curtains, sliding glass door, oven, or shower door)	0	1	2	3	4	5	6	7
54. My pain interferes with my ability to pull medium loads (e.g., pulling a garden hose across the lawn or tool cart on wheels)	0	1	2	3	4	5	6	7
55. My pain interferes with my ability to pull heavy loads (e.g., pulling a heavy cart or a small child in a wagon)	0	1	2	3	4	5	6	7
56. My pain interferes with my ability to carry light loads (e.g., gallon of milk, laundry basket half full, or large box of laundry soap)	0	1	2	3	4	5	6	7
57. My pain interferes with my ability to carry medium loads (e.g., basket of wet laundry, full trash bag, or tool box)	0	1	2	3	4	5	6	7

	<u>Not At All</u>				<u>A Great Deal</u>			
58. My pain interferes with my ability to carry heavy loads (e.g., box of books, case of motor oil, or file box of documents)	0	1	2	3	4	5	6	7
59. My pain interferes with my ability to get in awkward positions (e.g., crawling under the sink to inspect for leaks, cleaning behind a toilet, or changing oil in a car)	0	1	2	3	4	5	6	7
60. My pain interferes with my ability to tolerate heavy vibration (e.g., driving a truck or being on a carnival ride)	0	1	2	3	4	5	6	7
61. My pain interferes with my ability to read (e.g., newspaper, book, desk top activity, or using a computer)	0	1	2	3	4	5	6	7
62. My pain interferes with my ability to sit for 30 minutes	0	1	2	3	4	5	6	7
63. My pain interferes with my ability to travel in a car for 30 minutes or more	0	1	2	3	4	5	6	7
64. My pain interferes with my ability to stand for 30 minutes	0	1	2	3	4	5	6	7
65. My pain interferes with my ability to walk for 30 minutes or more	0	1	2	3	4	5	6	7
66. My pain interferes with my ability to use stairs	0	1	2	3	4	5	6	7
67. My pain interferes with my ability to crawl	0	1	2	3	4	5	6	7
68. My pain interferes with my ability to kneel	0	1	2	3	4	5	6	7
69. My pain interferes with my ability to twist at the waist (e.g., reaching across a counter top)	0	1	2	3	4	5	6	7
70. My pain interferes with my ability to crouch and squat such as cleaning the tires of a car or sitting on my heels to warm my hands by a fire	0	1	2	3	4	5	6	7
71. My pain interferes with my ability bend forward at the waist	0	1	2	3	4	5	6	7
70. My pain interferes with my ability to roll over, such as when I am in bed	0	1	2	3	4	5	6	7
73. My pain interferes with my ability to jump	0	1	2	3	4	5	6	7

	<u>Not At All</u>				<u>A Great Deal</u>			
74. My pain interferes with my ability to reach <i>at</i> shoulder height	0	1	2	3	4	5	6	7
75. My pain interferes with my ability to reach <i>above</i> shoulder height	0	1	2	3	4	5	6	7
76. My pain interferes with my ability to reach <i>below</i> shoulder height	0	1	2	3	4	5	6	7
77. My pain interferes with my ability to grasp objects such as a glass	0	1	2	3	4	5	6	7
78. My pain interferes with my ability to turn my head from side to side	0	1	2	3	4	5	6	7
79. My pain interferes with my ability to feel things (e.g., feeling the texture of clothing)	0	1	2	3	4	5	6	7
80. My pain interferes with my ability to use my fingers (e.g., turning pages in a book or newspaper)	0	1	2	3	4	5	6	7
81. My pain interferes with my ability to run errands (e.g., getting in and out of a vehicle)	0	1	2	3	4	5	6	7
82. My pain interferes with my ability to do light household chores (e.g., dusting or doing dishes)	0	1	2	3	4	5	6	7
83. My pain interferes with my ability to do heavy household chores (e.g., moving furniture)	0	1	2	3	4	5	6	7
84. My pain interferes with my ability to do yard work (e.g., mowing the lawn, taking a bag of garbage to the curb)	0	1	2	3	4	5	6	7
85. My pain interferes with my ability to bathe myself	0	1	2	3	4	5	6	7
86. My pain interferes with my ability to stand up from a chair	0	1	2	3	4	5	6	7
87. My pain interferes with my ability to get out of bed	0	1	2	3	4	5	6	7
88. My pain interferes with my ability to groom myself (e.g., brushing teeth or combing hair)	0	1	2	3	4	5	6	7
89. My pain interferes with my ability to use the bathroom	0	1	2	3	4	5	6	7
90. My pain interferes with my ability to eat	0	1	2	3	4	5	6	7
91. My pain interferes with my ability to sleep	0	1	2	3	4	5	6	7

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	<u>Not At All</u>				<u>A Great Deal</u>			
92. My pain interferes with my ability to dress and undress myself	0	1	2	3	4	5	6	7
93. My pain interferes with my ability to engage in recreational activities (e.g., hobbies or going to a movie)	0	1	2	3	4	5	6	7
94. My pain interferes with my ability to engage in social activities (e.g., visiting friends or dining out)	0	1	2	3	4	5	6	7
95. My pain interferes with my ability to have sex	0	1	2	3	4	5	6	7
96. My pain interferes with my ability to walk less than 5 minutes	0	1	2	3	4	5	6	7

97. Where is your pain located (**mark as many as apply**)?

- | | | | | | |
|---------------|--------------|------------|-------------|-----------|----------|
| a. leg | e. head | i. foot | m. arm/hand | q. knee | u. ankle |
| b. low back | f. neck | j. jaw | n. fingers | r. wrist | v. ear |
| c. mid-back | g. shoulders | k. chest | o. toes | s. pelvis | |
| d. upper back | h. buttocks | l. abdomen | p. face | t. groin | |

98. Where is your **primary** pain located (**mark only one**)?

- | | | | | | |
|---------------|--------------|------------|-------------|-----------|----------|
| a. leg | e. head | i. foot | m. arm/hand | q. knee | u. ankle |
| b. low back | f. neck | j. jaw | n. fingers | r. wrist | v. ear |
| c. mid-back | g. shoulders | k. chest | o. toes | s. pelvis | |
| d. upper back | h. buttocks | l. abdomen | p. face | t. groin | |

	<u>No Pain At All</u>					<u>A Great Deal of Pain</u>					
99. Rate your pain right now	0	1	2	3	4	5	6	7	8	9	10
100. Rate, at the average , any pain you might have had during last week	0	1	2	3	4	5	6	7	8	9	10
101. Rate, at its worst , any pain you might have had during the last week	0	1	2	3	4	5	6	7	8	9	10
102. Rate, at its least , any pain you might have had during last week	0	1	2	3	4	5	6	7	8	9	10