

PDR-C

Pain Disability Report Comprehensive

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DIRECTIONS:

Please follow these directions when
Completing the PDR-C:

1. Fill out the information on your name, social security #, birth date, age, sex and testing date to the right.
2. Mark the answers darkly so they are easy to read.

Last Name

First

Middle

Social Security #

Birth Date

Age

Sex

Test Date

Marking Directions:

- Fill in all items with a dark pencil or pen
- Choose one item only for each answer.
- Erase mistakes thoroughly if using pencil or cross out mistakes if using pen.

- 1. 0 1 2 3 4 5 6 7
- 2. 0 1 2 3 4 5 6 7
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- 89. ① ② ③ ④ ⑤ ⑥ ⑦
- 90. ① ② ③ ④ ⑤ ⑥ ⑦
- 91. ① ② ③ ④ ⑤ ⑥ ⑦
- 92. ① ② ③ ④ ⑤ ⑥ ⑦
- 93. ① ② ③ ④ ⑤ ⑥ ⑦
- 94. ① ② ③ ④ ⑤ ⑥ ⑦
- 95. ① ② ③ ④ ⑤ ⑥ ⑦
- 96. ① ② ③ ④ ⑤ ⑥ ⑦

- 97. leg head foot arm/hand knee ankle
- low back neck jaw fingers wrist ear
- mid-back shoulders chest toes pelvis
- upper-back buttocks abdomen face groin

- 98. leg head foot arm/hand knee ankle
- low back neck jaw fingers wrist ear
- mid-back shoulders chest toes pelvis
- upper-back buttocks abdomen face groin

- 99. ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
- 100. ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
- 101. ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
- 102. ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩