

PDR-SF

Pain Disability Report-Short Form

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 #: _____

	<u>Strongly Disagree</u>							<u>Strongly Agree</u>								
1. I tell others to leave me alone when I hurt	0	1	2	3	4	5	6	7	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	0	1	2	3	4	5	6	7
3. My sleep is disturbed	0	1	2	3	4	5	6	7	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	0	1	2	3	4	5	6	7
5. I don't have much energy	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7
6. I often feel tense and keyed up	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7
7. There is strain in my marriage/relationship	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7
8. I spend much of my day resting	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7
9. I rarely do things for fun	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7
10. I'm tired and run down	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7
11. I avoid interacting with others	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7
12. I find it difficult falling to sleep	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7
13. I'm not very affectionate	0	1	2	3	4	5	6	7	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	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	0	1	2	3	4	5	6	7
16. I prefer to be alone	0	1	2	3	4	5	6	7	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	0	1	2	3	4	5	6	7
18. I'm not very physically active	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7
19. I don't sleep well	0	1	2	3	4	5	6	7	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	0	1	2	3	4	5	6	7
21. I become irritable when I hurt	0	1	2	3	4	5	6	7	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	0	1	2	3	4	5	6	7

	<u>Strongly Disagree</u>					<u>Strongly Agree</u>		
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 sit	0	1	2	3	4	5	6	7
48 My pain interferes with my ability to tolerate heavy vibration such as traveling in a car over a bumpy road	0	1	2	3	4	5	6	7
49 My pain interferes with my ability to stand	0	1	2	3	4	5	6	7
50 My pain interferes with my ability to lift	0	1	2	3	4	5	6	7
51 My pain interferes with my ability to get in and out of a car	0	1	2	3	4	5	6	7
52 My pain interferes with my ability to bend forward at the waist	0	1	2	3	4	5	6	7
53 My pain interferes with my ability to use stairs	0	1	2	3	4	5	6	7
54 My pain interferes with my ability to walk	0	1	2	3	4	5	6	7
55 My pain interferes with my ability to get in awkward positions such as cleaning behind a toilet	0	1	2	3	4	5	6	7
56 My pain interferes with my ability to twist at the waist	0	1	2	3	4	5	6	7
57 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
58 My pain interferes with my ability to rollover such as when I am in bed	0	1	2	3	4	5	6	7
59 My pain interferes with my ability to reach such as opening a cabinet door or putting away groceries	0	1	2	3	4	5	6	7
60 My pain interferes with my ability to grasp objects such as a glass	0	1	2	3	4	5	6	7
61 My pain interferes with my ability to push things such as a shopping cart	0	1	2	3	4	5	6	7
62 My pain interferes with my ability to crawl	0	1	2	3	4	5	6	7
63 My pain interferes with my ability to turn my head from side to side	0	1	2	3	4	5	6	7

	<u>Not At All</u>					<u>A Great Deal</u>		
64 My pain interferes with my ability to pinch objects such as picking up a penny	0	1	2	3	4	5	6	7
65 My pain interferes with my ability to kneel	0	1	2	3	4	5	6	7
66 My pain interferes with my ability to stand up from a chair	0	1	2	3	4	5	6	7
67 My pain interferes with my ability to dress or undress myself	0	1	2	3	4	5	6	7
68 My pain interferes with my ability to bathe myself	0	1	2	3	4	5	6	7
69 My pain interferes with my ability to pull things such as opening a sliding door or dragging a garbage bag across the lawn	0	1	2	3	4	5	6	7
70 My pain interferes with my ability to lie down	0	1	2	3	4	5	6	7
71 My pain interferes with my ability to carry things	0	1	2	3	4	5	6	7

	<u>No Pain At All</u>					<u>A Great Deal of Pain</u>					
72 Rate, on the <u>average</u> , any pain you might have had during last week	0	1	2	3	4	5	6	7	8	9	10