

PAIN DISABILITY QUESTIONNAIRE (PDQ)

1. Does your pain interfere with your normal work inside and outside home?

0—Work Normally to 10—Unable to Work at all:

0 1 2 3 4 5 6 7 8 9 10 = 0

2. Does your pain interfere with personal care (washing, dressing, etc.)?

0—Take care of myself completely to 10—Need help with all personal care:

0 1 2 3 4 5 6 7 8 9 10 = 0

3. Does your pain interfere with your traveling?

0—Travel anywhere I like to 10—Only travel to see doctors:

0 1 2 3 4 5 6 7 8 9 10 = 0

4. Does your pain affect your ability to sit or stand?

0—No problem to 10—Cannot sit or stand at all:

0 1 2 3 4 5 6 7 8 9 10 = 0

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

0—No problems to 10—Cannot do at all:

0 1 2 3 4 5 6 7 8 9 10 = 0

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

0—No problems to 10—Cannot do at all:

0 1 2 3 4 5 6 7 8 9 10 = 0

7. Does your pain affect your ability to walk or run?

0—No problems to 10—Cannot walk or run at all:

0 1 2 3 4 5 6 7 8 9 10 = 0

8. Has your income declined since your pain began?

0—No decline to 10—Lost all income

0 1 2 3 4 5 6 7 8 9 10 = 0

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

0—No medication needed to 10—On pain meds throughout the day:

0 1 2 3 4 5 6 7 8 9 10 = 0

10. Does your pain force you to see doctors much more often than before your Pain began?

0—Never see doctors to 10—See doctors weekly:

0 1 2 3 4 5 6 7 8 9 10 = 0

11. Does your pain interfere with your ability to see the people who are important to you as much, as you would like?

0—No problem to 10—Never see them:

0 1 2 3 4 5 6 7 8 9 10 = 0

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

0—No interference to 10—Total interference:

0 1 2 3 4 5 6 7 8 9 10 = 0

13. Do you need the help of your family and friends to complete everyday tasks (Including both work outside the home and housework) because of your pain?

0—Never need help to 10—Need help all the time:

0 1 2 3 4 5 6 7 8 9 10 = 0

14. Do you now feel more depressed, tense, or anxious than before your pain began?

0—No depression/tension to 10—Severe depression/tension:

0 1 2 3 4 5 6 7 8 9 10 = 0

15. Are there emotional problems caused by your pain that interfere with your family, social and/or work activities?

0—No problems to 10—Severe problems:

0 1 2 3 4 5 6 7 8 9 10 = 0

Total:

Degree of Impairment	PDQ Score =	0.00
None	0	<input type="checkbox"/>
Mild	1-70	<input type="checkbox"/>
Moderate	71-100	<input type="checkbox"/>
Severe	101-130	<input type="checkbox"/>
Extreme	131-150	<input type="checkbox"/>

Guides to the Evaluation of Permanent Impairment (6th edition), American Medical Association; Robert D. Rondinelli, editor: Appendix 3-1/Figure 17-A: 43, 600.

"Pain Related Impairment and Whole Person Impairment Based on Pain Disability Questionnaire," Guides to the Evaluation of Permanent Impairment (6th edition), American Medical Association; Robert D. Rondinelli, editor: Table 3-1: 40.

FAIN DISABILITY QUESTIONNAIRE (FDQ)

1. Does your pain interfere with your normal work inside and outside home? 0—Work Normally to 10—Unable to Work at all: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> = 0
2. Does your pain interfere with personal care (washing, dressing, etc.)? 0—Take care of myself completely to 10—Need help with all personal care: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> = 0
3. Does your pain interfere with your traveling? 0—Travel anywhere I like to 10—Only travel to see doctors: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> = 0
4. Does your pain affect your ability to sit or stand? 0—No problem to 10—Cannot sit or stand at all: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> = 0
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7. Does your pain affect your ability to walk or run? 0—No problems to 10—Cannot walk or run at all: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> = 0
8. Has your income declined since your pain began? 0—No decline to 10—Lost all income 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> = 0
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Total:

Degree of Impairment	FDQ Score = 0.00
None	0 <input type="checkbox"/>
Mild	1-70 <input type="checkbox"/>
Moderate	71-100 <input type="checkbox"/>
Severe	101-130 <input type="checkbox"/>
Extreme	131-150 <input type="checkbox"/>

Guides to the Evaluation of Permanent Impairment (6th edition), American Medical Association; Robert D. **Benvenuti**, editor: Appendix 3-1/Figure 17-A: 43, 460.
 *Pain Related Impairment and Whole Person Impairment Based on Pain Disability Questionnaire," Guides to the Evaluation of Permanent Impairment (6th edition), American Medical Association; Robert D. **Benvenuti**, editor: Table 3-1: 46.