

Dr. Darran J. Hamm

Pain Disability Index Questionnaire

Date: _____

Name: _____

Age: _____ Date of Birth: _____

Occupation: _____

How long have you had pain? _____ years _____ months _____ weeks

Is this your first episode of pain? Yes No

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

A=Ache

B=Burning

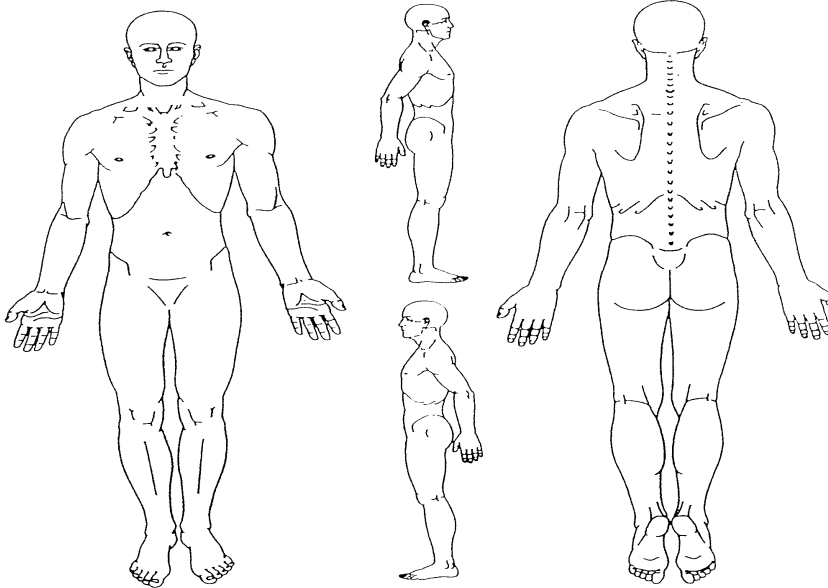
N=Numbness

P=Pins & needles

S=Stabbing

O=Other (please

describe)



On the scales below draw vertical lines (*intersecting the horizontal lines*) that represent the **overall** pain you have:

Rate the pain you have right **now**:

No Pain Unbearable Pain

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Rate your pain at its **best** in the past week:

No Pain Unbearable Pain

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Rate your **average** pain in the past week:

No Pain Unbearable Pain

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Rate your **worst** pain in the past week:

No Pain Unbearable Pain

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|--|--|

[Please fill out and email to dchamm@gmail.com](mailto:dchamm@gmail.com)