

Pain Functional Index Assessment

Please answer the following questions so we may best serve you for this appointment.

Name:	Date of Birth:	Phone:
<p>Please rate how pain affects your ability to perform tasks from each category below. Zero (0) means you can perform the task with no issues. Ten (10) means you cannot perform the task at all due to your pain.</p>		
Category	Rating (0-10: 0=Not Affected; 10=Severely Affected)	
Family or Home Responsibility (Running errands, house chores, yard work)		
Recreation (Hobbies such as fishing, hunting, sports)		
Social Activity (Parties, dining out, attending concerts, church)		
Occupation (Job or volunteer work)		
Sex Life (Frequency and quality of Sex)		
Self-Care (Taking showers, getting dressed, driving)		
Life Support Activities (Eating, breathing, sleeping)		