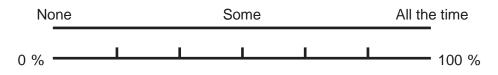
Dallas Pain Questionnaire

A ctivités quotidiennes

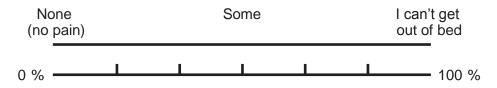
1 - Pain and Intensity

To what degree do you rely on pain medications or pain relieving substances for you to be comfortable?



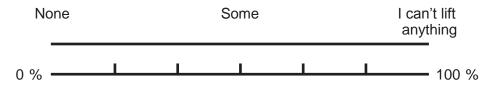
2 - Personal care

How much does pain interfere with your personal care (getting out of bed, teeth brushing, dressing, etc)?



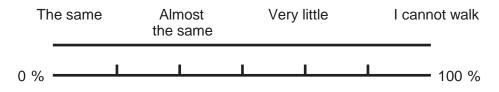
3 - Lifting

How much limitation do you notice in lifting?



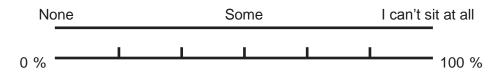
4 - Walking

Compared to how far you could walk before your injury or back trouble, how much does pain restrict walking now?



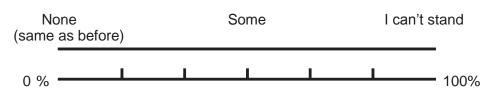
5 - Sitting

Back pain limits my sitting in a chair to:



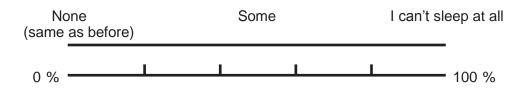
6 - Standing

How much does pain interfere with your tolerance to stand for long periods?



7 - Sleeping

How much does pain interfere with your sleeping?

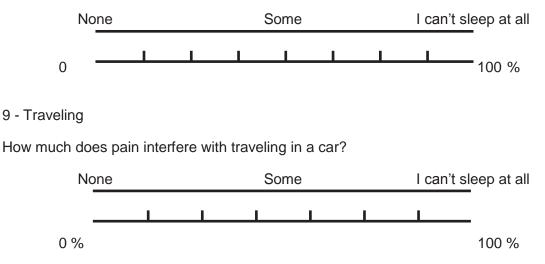


TOTAL x 3 = % de répercussion sur les activités quotidiennes.

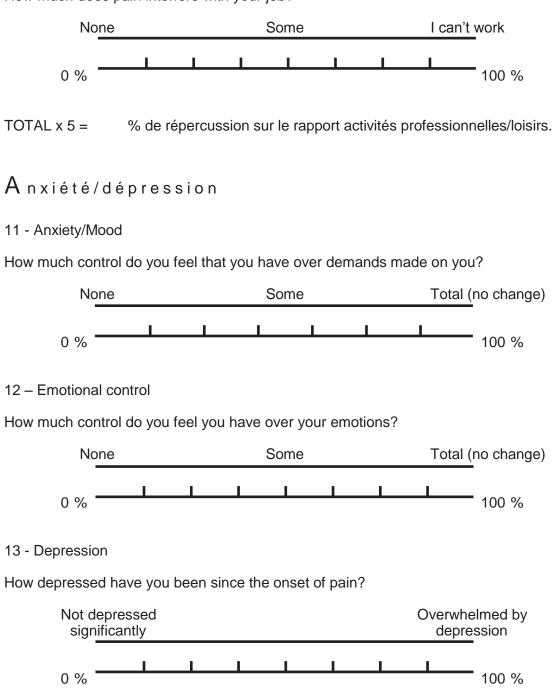
A ctivités professionnelles et de loisirs

8 – Social life

How much does pain interfere with your social life (dancing, games, going out, eating with friends, etc.)?



10 - Vocational



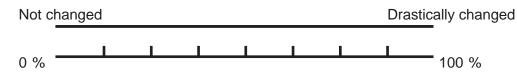
How much does pain interfere with your job?



${\boldsymbol{S}}$ ociabilité

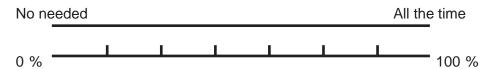
14 - Interpersonal relationships

How much do you think your pain has changed your relationships with others?



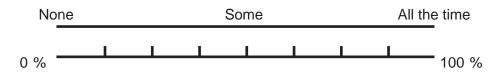
15 – Social support

How much support do you need from others to help you during this onset of pain (taking over chores, meals, etc)?



16 - Punishing response

How much do you think others express irritation, frustration or anger toward you because of your pain?



TOTAL x 5 = % de répercussion sur la sociabilité.

Patient last name:	Date of birth: / /
Patient first name:	Date://