

# PDR-SF

## Pain Disability Report-Short Form

**Patient:** John Doe  
**SSN:** 222-22-2222  
**Date of Birth:** 12/20/1971  
**Sex:** male  
**Date Tested:** 07/17/2005

**Reviewed by:** Blake Tearnan, PhD

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The patient was administered the Pain Disability Report-Short Form (PDR-SF) to evaluate his/her level of pain-related disability. Disability refers to changes in a patient's ability to engage in activities and experience a wide range of behaviors, mood states, and thoughts as the result of some physically impairing condition such as persistent pain.

Disability and physical impairment are often weakly associated, especially in patients with chronic conditions. Therefore, a more precise and independent understanding of the patient's level of disability is important.

The PDR-SF should be viewed as a component of a comprehensive assessment protocol and cannot be judged definitively. The results of the PDR-SF need to be combined with additional data drawn from the clinical interview and other assessment devices.

The PDR-SF should be used as an initial screening instrument to assist in treatment planning and to measure treatment progress and outcome.

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**PDR-SF - Pain Disability Report-Short Form**

by

Blake H. Tearnan, Ph.D.

The Pain Disability Report-Short Form (PDR-SF) is part of the Pain Assessment Series  
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## PDR-SF EXECUTIVE SUMMARY

Patient: John Doe  
 Social Security: 222-22-2222  
 Date of Birth: 20/12/1971  
 Gender: male

Scales	Patient's Mean Score	Range
<b>Validity Scales</b>		
Similar Item Reliability	100.00	High
Invariability	69.57	Low
Neutrality	13.04	Low
Pain Disability Maximization	29.19	Low
<b>Disability Index</b>		
Overall Disability Index	2.04	Low
<b>Activity Scales</b>		
Specific Activity Interference*	2.92	Low
Activity Avoidance	2.00	Low
General Activity Limitation	2.50	Low
Recreational Activity Limitation	5.00	High
<b>*PDR-SF Categories of Specific Activity Interference</b>		
Flexibility Interference	2.78	Low
Lifting Interference	4.00	Moderate
Lower Limb Interference	3.33	Moderate
Personal Care Activity Interference	2.00	Low
Sitting Interference	4.00	Moderate
Standing Interference	3.00	Moderate
Upper Limb Interference	0.50	Low
Walking Interference	3.50	Moderate
<b>Unproductive Beliefs</b>		
Degradation	2.00	Low
Dissonance	2.00	Low
<b>Psychological Distress</b>		
Pain Expression	2.33	Low
Anxiety	2.00	Low
Depression	1.80	Low
Future Despair	1.67	Low
<b>Responsibilities</b>		
Problems in Carrying out Home Responsibilities	2.00	Low

Problems in Work Productivity	1.00	Low
<b>Social Scales</b>		
Decline in Role Status	2.00	Low
Relationship Dissatisfaction	1.50	Low
Social Avoidance	0.00	Low
<b>Vitality</b>		
Loss of Vigor	2.00	Low
Sleep Disturbance	1.50	Low
<b>Pain Intensity</b>		
Average Pain Intensity	5.00	Moderate

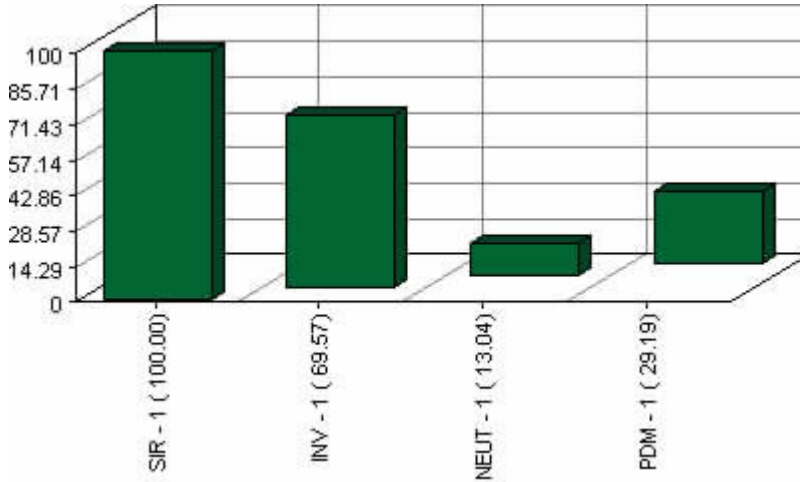
## Significant Responses

The following is a list of significant response items the patient answered with a 5, 6 or 7 (or 0, 1, 2 if the item is reversed), the highest possible values on the questionnaire. Specific activity items for the activities on the second half of the questionnaire are not reported since the item values are mentioned later in the report. Significant responses are listed only for the patient's most recent testing.

<b>Scale</b>	<b>Question</b>	<b>Response</b>
<b>Activity Avoidance</b>		
<b>Decline in Role Status</b>		
<b>Problems in Carrying out Home Responsibilities</b>		
<b>Relationship Dissatisfaction</b>		
<b>Pain Expression</b>		
<b>Social Avoidance</b>		
<b>General Activity Limitation</b>		
<b>Recreational Activity Limitation</b>		
	9 I rarely do things for fun	5
	38 I don't go out that often for entertainment	5
<b>Sleep Disturbance</b>		
<b>Loss of Vigor</b>		
<b>Problems in Work Productivity</b>		
<b>Anxiety</b>		
<b>Degradation</b>		
<b>Depression</b>		
<b>Dissonance</b>		
<b>Future Despair</b>		

**PAIN DISABILITY REPORT-SHORT FORM TEST  
VALIDITY SCALES**

Patient: John Doe  
 Social Security: 222-22-2222  
 Date of Birth: 20/12/1971  
 Gender: male



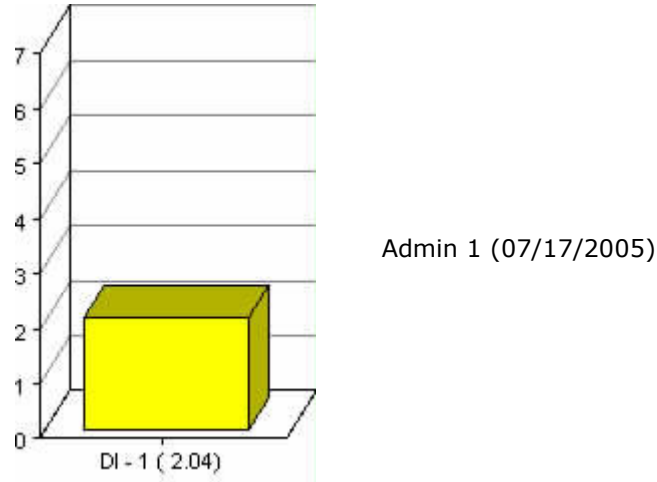
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(07/17/2005)

**Validity Scales Interpretation**

Similar Item Reliability (SIR)	0 - 100	This scale consists of pairs of items with similar content. Normal to High Scores (>65) indicate that similar answers were made to items with similar content (i.e., the patient's responses were consistent).
Invariability (INV)	0 - 100	Scores above 70 on this scale indicate the patient's symptoms varied little in severity. Scores of this magnitude or above are highly unusual and suggest the patient's self-report may not provide clinically significant information and may not accurately reflect his/her true level of pain-related disability.
Neutrality (NEUT)	0 - 100	Scores above 50 on this scale are questionable and indicate the patient showed a tendency to endorse a high number of neutral responses (3's and 4's). Scores this high or above suggest the patient may have been overly cautious in his/her response or may not have sufficiently understood the item content.
Pain Disability Maximization (PDM)	0 - 100	Scores above 80 on this scale are questionable and suggest the patient endorsed pain disability symptoms at an unusually high magnitude. High scores on this scale suggest the patient may be magnifying his/her symptoms of pain disability.

**PAIN DISABILITY REPORT-SHORT FORM TEST  
DISABILITY INDEX**

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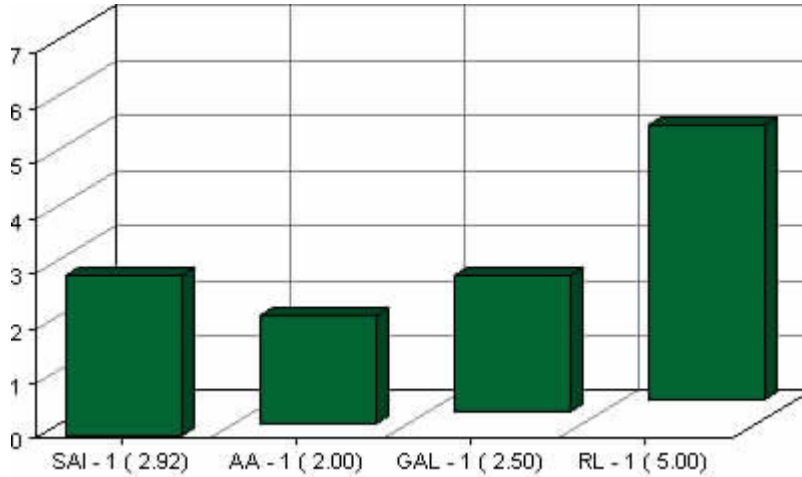
**Disability Index Interpretation**

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Overall Disability Index (DI)	0 - 2.9	The patient is reporting minimal disability related to his/her pain condition.
	3 - 4.9	The patient is reporting moderate levels of disability related to his/her pain condition and may be experiencing difficulty engaging in a variety of social, psychological, and behavioral tasks.
	5 - 7	The patient is reporting severe levels of disability related to his/her pain condition and is likely reporting high activity interference, mood disturbance, inability to take care of daily responsibilities, and use of pain medications.

**PAIN DISABILITY REPORT-SHORT FORM TEST  
ACTIVITY SCALES**

Patient: John Doe  
 Social Security: 222-22-2222  
 Date of Birth: 20/12/1971  
 Gender: male



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**Activity Scales Interpretation**

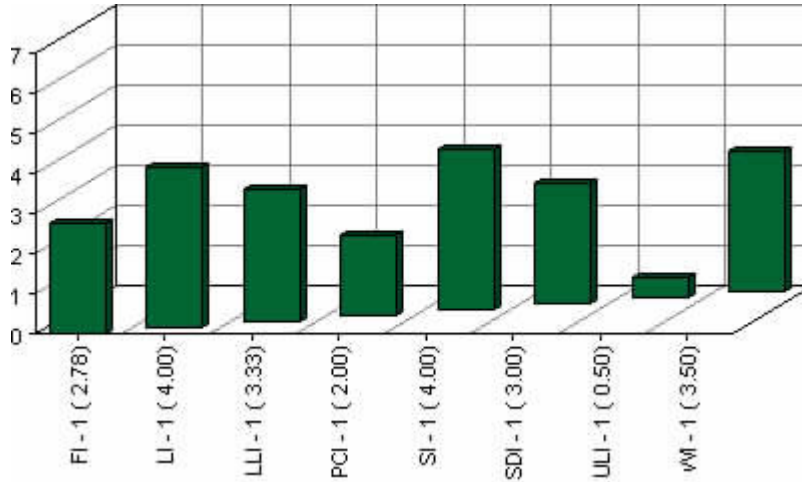
Specific Activity Interference* (SAI)	0 - 2.9	The patient is reporting a minimal level of activity interference related to pain.
	3 - 4.9	The patient is reporting a moderate level of activity interference related to pain. The Specific Activity Interference Scale is concerned with measuring the degree to which pain interferes with a number of specific activities including: lifting, carrying, pushing, pulling, kneeling, walking, sitting, standing, reaching, fingering, crouching, climbing stairs, and so on.
	5 - 7	The patient is reporting a high level of activity interference related to pain. It is likely that both upper and lower limb activities are affected including activities requiring flexibility (c.f., Categories of Activity Interference). Examine for high fears of re-injury and activity avoidance as well as other indicators of significant pain-related disability.
Activity Avoidance (AA)	0 - 2.9	The patient is reporting no avoidance of activities related to pain, weakness, or fatigue. Avoidance does not simply measure withdrawal from activities. Rather, the construct appears to be influenced by a number of maladaptive beliefs and negative expectations that are acquired over time. Thus, avoidance appears to be determined by the combination of a preference for reduced discomfort, the expectancy or perceived threat that further exposure will promote pain and emotional suffering, and the perceived capacity to cope with the pain/physical discomfort that is

produced. This appears to be the case since avoidance is moderately associated with anxiety, expectation of harm, and maladaptive coping styles.

	3 - 4.9	The patient is reporting a moderate amount of avoidance of activities because of pain, weakness, or fatigue.
	5 - 7	The patient is reporting a significant amount of avoidance of activities and is endorsing items such as "I try not to do anything that causes more pain, weakness or fatigue." Expect higher levels of pain suffering, anxiety, and maladaptive coping.
General Activity Limitation (GAL)	0 - 2.9	The General Activity Limitation Scale measures how active the patient is in general and is reflected in such statements as "I don't get out of the house very often" and "I'm not very physically active." The patient is reporting minimal general activity limitation.
	3 - 4.9	The patient is reporting moderate general activity limitation.
	5 - 7	The patient is reporting severe general activity limitation. Expect higher scores on all other activity scales and greater amounts of mood disturbance and pain intensity.
Recreational Activity Limitation (RL)	0 - 2.9	The patient is reporting minimal recreational activity limitation. The Recreational Activity Limitation Scale measures frequency of engaging in recreational activities such as "I'm doing as many fun things."
	3 - 4.9	The patient is reporting moderate activity limitation related to recreational activities. Look for a reduction in other activities, especially pleasant activities, and mood disturbance.
	5 - 7	The patient is reporting severe activity limitation related to recreational activities. The high limitation in recreational activities is likely associated with a reduction in other activities, loss of enjoyment for engaging in activities and reports of depression.

**PAIN DISABILITY REPORT-SHORT FORM TEST**  
**\*PDR-SF CATEGORIES OF SPECIFIC ACTIVITY INTERFERENCE**

Patient: John Doe  
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Date of Birth: 20/12/1971  
Gender: male



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**\*PDR-SF Categories of Specific Activity Interference Interpretation**

The Specific Activity Interference Scale is concerned with measuring how pain interferes with a number of specific activities such as lifting and reaching. The Categories of Activity Interference above describes how various categories of specific activities have been affected by the patient's pain: Flexibility Interference (FI), Lifting Interference (LI), Lower Limb Interference (LLI), Personal Care Interference (PCI), Sitting Interference (SI), Standing Interference (SDI), Upper Limb Interference (ULI), and Walking Interference (WI). The following ranges should be used to interpret all Categories of Activity Interference: Pain is interfering minimally in activity=0-2.9; pain is interfering moderately in activity=3- 4.9; pain is interfering severely in activity=5-7

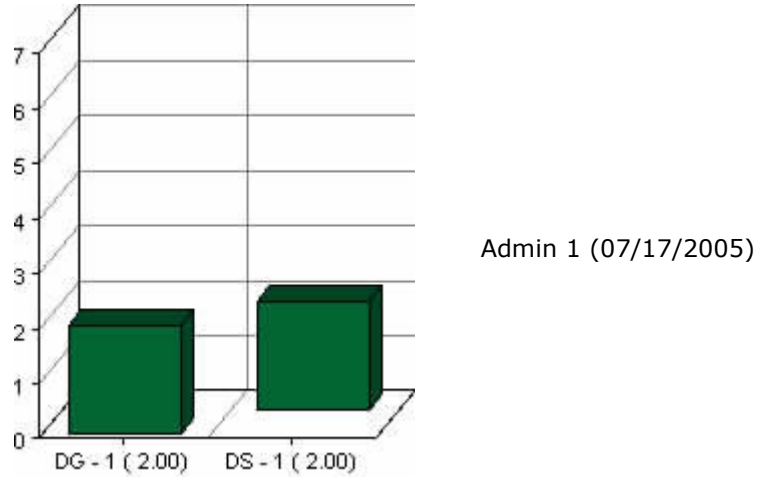
**PAIN DISABILITY REPORT-SHORT FORM TEST  
PDR-SF CATEGORIES OF ACTIVITY INTERFERENCE: RESPONSES**

Patient: John Doe  
 Social Security: 222-22-2222  
 Date of Birth: 20/12/1971  
 Gender: male

<b>Scale</b>	<b>Question</b>	<b>Admin 1 (07/17/2005)</b>
<b>Flexibility Interference</b>		
	My pain interferes with my ability to bend forward at the waist	4
	My pain interferes with my ability to get in awkward positions such as cleaning behind a toilet	5
	My pain interferes with my ability to twist at the waist	2
	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	2
	My pain interferes with my ability to reach such as opening a cabinet door or putting away groceries	0
	My pain interferes with my ability to crawl	5
	My pain interferes with my ability to turn my head from side to side	0
	My pain interferes with my ability to kneel	5
	My pain interferes with my ability to dress or undress myself	2
<b>Lifting Interference</b>		
	My pain interferes with my ability to lift	4
<b>Lower Limb Interference</b>		
	My pain interferes with my ability to stand	3
	My pain interferes with my ability to use stairs	5
	My pain interferes with my ability to walk	2
	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	2
	My pain interferes with my ability to kneel	5
	My pain interferes with my ability to stand up from a chair	3
<b>Personal Care Activity Interference</b>		
	My pain interferes with my ability to dress or undress myself	2
	My pain interferes with my ability to bathe myself	2
<b>Sitting Interference</b>		
	My pain interferes with my ability to sit	4
<b>Standing Interference</b>		
	My pain interferes with my ability to stand	3
<b>Upper Limb Interference</b>		
	My pain interferes with my ability to reach such as opening a cabinet door or putting away groceries	0
	My pain interferes with my ability to grasp objects such as a glass	0
	My pain interferes with my ability to use pinch objects such as picking up a penny	0
	My pain interferes with my ability to dress or undress myself	2
<b>Walking Interference</b>		
	My pain interferes with my ability to use stairs	5
	My pain interferes with my ability to walk	2

**PAIN DISABILITY REPORT-SHORT FORM TEST  
UNPRODUCTIVE BELIEFS**

Patient: John Doe  
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 Date of Birth: 20/12/1971  
 Gender: male



**Unproductive Beliefs Interpretation**

Degradation (DG)	0 - 2.9	The patient is reporting minimal or no beliefs of degradation.
	3 - 4.9	The patient is reporting beliefs of degradation at a moderate level including thoughts his/her pain will worsen and if he/she does not get rid of the pain he/she will be unable to do much of anything. Look for associated problems including high fears of re-injury, fears of deteriorating health, non-acceptance of pain, pain medication abuse, and health care dependency.
	5 - 7	The patient is reporting beliefs of degradation at a high level. Fears of re-injury, loss of personal control, beliefs of crippling pain, overprotection and avoidance, narcotic dependence, and poor coping strategies are likely associated problems.
Dissonance (DS)	0 - 2.9	The patient is reporting minimal or no beliefs of dissonance.
	3 - 4.9	The patient is reporting beliefs of dissonance at a moderate level including thoughts he/she will never enjoy life again as long as he/she has pain, thoughts he/she will never be happy as long as he/she has pain, and concerns he/she will fall apart psychologically if he/she does not get rid of the pain. Look for associated problems including non-acceptance of pain, anxiety, worries about deteriorating health, and doctor shopping.

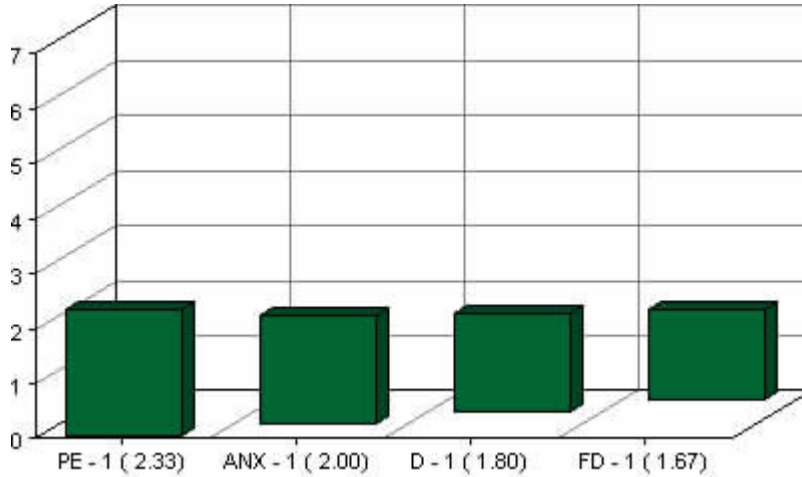
5 - 7

The patient is reporting beliefs of dissonance at a high level. Pain medication or tranquilizer abuse, excessive focus on symptomatic relief, anxiety and possible panic symptoms, and health care dependency may be associated problems. The patient essentially believes that life is incompatible with pain and may resort to desperate attempts to relieve his/her discomfort and anxiety about the pain.

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**PAIN DISABILITY REPORT-SHORT FORM TEST  
PSYCHOLOGICAL DISTRESS**

Patient: John Doe  
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 Gender: male



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**Psychological Distress Interpretation**

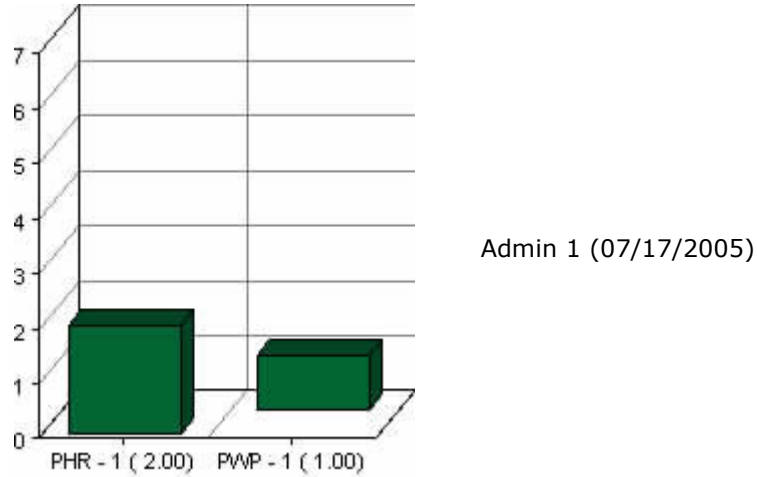
Pain Expression (PE)	0 - 2.9	The patient is reporting minimal to no pain behavior
	3 - 4.9	The patient is reporting moderate pain behavior such as "I walk in a way that others notice I am in pain" and "I cry when I hurt."
	5 - 7	The patient is reporting a great deal of pain behavior. Levels this high are generally associated with increased mood disturbance and a higher likelihood of contingent social reinforcement from significant others, including health care providers.
Anxiety (ANX)	0 - 2.9	The patient is report few or no symptoms of anxiety.
	3 - 4.9	The patient is reporting moderate symptoms of anxiety including feelings of nervousness, tension, being keyed up, fears of losing control and thoughts the worst could happen. Associated problems include fears of re-injury, sleep disturbance, excessive muscular tension and other psychosomatic complaints.
	5 - 7	The patient is reporting high levels of anxiety. Avoidance, psychosomatic complaints, such as excessive muscular tension, high pain sensitivity, worries about deteriorating health, sleep disturbance, poor coping, and maladaptive belief patterns are likely.

Depression (D)	0 - 2.9	The patient is reporting minimal or no symptoms of depression.
	3 - 4.9	Moderate depression is present. The patient may be reporting several symptoms of depression such as sadness, disappointment in self, and irritability. Look for disturbances across cognitive, behavioral and physiologic parameters. Cognitive factors should be emphasized (e.g., beliefs of hopelessness) when examining depression in chronic pain patients since most medical patients, depressed or not, complain of physiologic disturbance.
	5 - 7	Significant depression is noted. The patient is likely reporting numerous symptoms of depression. The patient may show evidence for nonorganic symptoms (i.e., nonanatomical signs) and express a great deal of pain and illness behavior.
Future Despair (FD)	0 - 2.9	The patient is reporting minimal or no symptoms of future despair.
	3 - 4.9	The patient is reporting moderate symptoms of future despair including feeling discouraged about the future, beliefs that the future is hopeless, and a lack of confidence in herself/himself. Look for elevations on other mood scales, beliefs of entitlement, and low efficacy beliefs about coping successfully with pain.
	5 - 7	The patient is report high levels of future despair. The patient is likely to be angry, depressed, possibly feeling disgruntled about his/her care and suicidal.

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**PAIN DISABILITY REPORT-SHORT FORM TEST  
RESPONSIBILITIES**

Patient: John Doe  
 Social Security: 222-22-2222  
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**Responsibilities Interpretation**

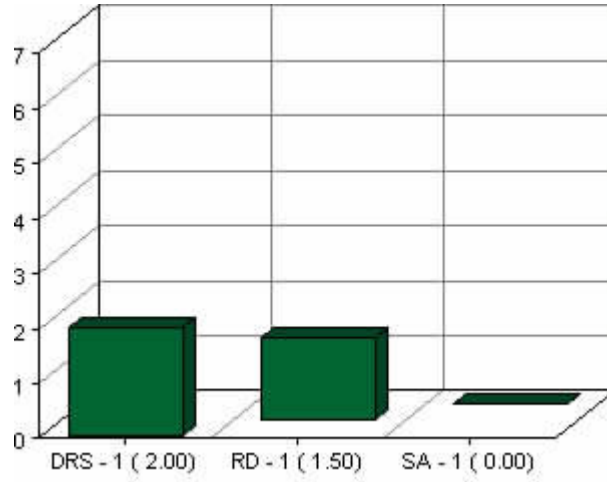
Problems in Carrying out Home Responsibilities (PHR)	0 - 2.9	The patient is reporting minimal problems carrying out home responsibilities. The Problems in Carrying out Home Responsibilities Scale measures the ability to carry out day-to-day responsibilities at home such as doing the chores and managing home-related financial responsibilities.
	3 - 4.9	The patient is reporting moderate problems carrying out day-to-day responsibilities at home. Look for a decrease in other activities.
	5 - 7	The patient is reporting severe problems carrying out day-to-day responsibilities at home. Expect a decrease in most activities and heightened symptoms of mood disturbance and complaints of pain.
Problems in Work Productivity (PWP)	0 - 2.9	The patient is reporting minimal problems related to work productivity. The Problems in Work Productivity Scale measures perceived ability to work such as "I can work productively" and "I find it difficult working."
	3 - 4.9	The patient is reporting moderate problems engaging in work related activities such as "I'm not able to work." Look for concomitant decreases in other activities.
	5 - 7	The patient is reporting severe problems in performing work activities. Examine for changes in other activities, work-related stress, heightened pain complaints and mood

disturbance.

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**PAIN DISABILITY REPORT-SHORT FORM TEST  
SOCIAL SCALES**

Patient: John Doe  
 Social Security: 222-22-2222  
 Date of Birth: 20/12/1971  
 Gender: male



Admin 1 (07/17/2005)

**Social Scales Interpretation**

Decline in Role Status (DRS)	0 - 2.9	The patient is reporting minimal or no changes in role status
	3 - 4.9	The patient is reporting moderate changes in role status
	5 - 7	The patient is reporting significant changes in role status such as not being able to meet his/her obligations as a friend, parent, spouse, husband, and provider.
Relationship Dissatisfaction (RD)	0 - 2.9	The patient is reporting minimal problems in his/her relationship. Higher levels of relationship satisfaction are associated with partner reinforcement of pain behavior and discouragement of wellness activities. Chronic pain patients, in general, report more satisfaction with their relationships when their spouses/partners reinforce and validate their pain experience.
	3 - 4.9	The patient is reporting moderate relationship dissatisfaction, such as increased marital strain.
	5 - 7	The patient is reporting significant relationship dissatisfaction, including increased strain and dissatisfaction. Marital/relationship dissatisfaction is associated with spousal/partner criticism of pain behavior and disability within the chronic pain population. The presence of spousal/partner punishment of pain behavior is moderately associated with activity interference,

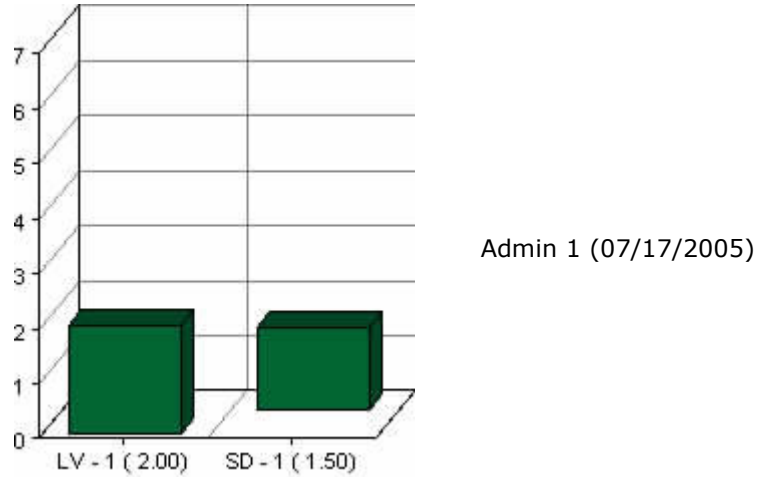
depression, anxiety, maladaptive beliefs about pain, and higher levels of pain suffering.

Social Avoidance (SA)	0 - 2.9	The patient is reporting minimal or no change in social relationships such as avoidance of others and a desire to be alone.
	3 - 4.9	The patient is reporting moderate changes in social relationships. Look for a decrease in social activities. Pain, fatigue and weakness may be interfering with the patient's ability to socialize.
	5 - 7	The patient is reporting significant changes in social relations and most likely prefers to be alone, is not as affectionate, and socializes less often. Examine for symptoms of depression and anxiety and a decrease in other activities.

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**PAIN DISABILITY REPORT-SHORT FORM TEST  
VITALITY**

Patient: John Doe  
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**Vitality Interpretation**

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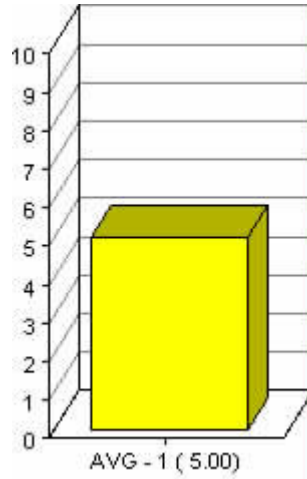
Loss of Vigor (LV)	0 - 2.9	The patient is reporting no problems in vigor or energy level.
	3 - 4.9	The patient is reporting moderate problems in vigor or energy level, such as feeling less energetic. A host of factors can affect energy including negative mood, physical deconditioning, and medication.
	5 - 7	The patient is reporting significant problems in vigor or energy level such as feeling less energetic and run down. Look for symptoms of depression, sleep disturbance, and use of sedating medications (e.g., opioids, tranquilizers, neuropathic and tricyclics).
Sleep Disturbance (SD)	0 - 2.9	The patient is reporting minimal or no changes in sleep.
	3 - 4.9	The patient is reporting moderate sleep disturbance. Sleep problems can be related to a number of factors including pain, general physical discomfort, poor sleep habits, use of ETOH or other sleep disrupting drugs, and mood disturbance, especially agitated depression and anxiety.
	5 - 7	The patient is reporting significant sleep disturbance. Examine all of the factors important in sleep disruption. Although the patient may only complain of pain or physical discomfort related to poor sleep, medications, mood and sleep habits may also play an important role. Consider low-

dose tricyclic antidepressants if not medically contraindicated.

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**PAIN DISABILITY REPORT-SHORT FORM TEST  
PAIN INTENSITY**

Patient: John Doe  
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**Pain Intensity Interpretation**

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Average Pain Intensity (AVG)	0 - 3	The patient is reporting minimal levels of average pain intensity. Patients reporting this level of pain intensity tend not to report a significant degree of activity limitation related to pain.
	4 - 6	The patient is reporting moderate levels of average pain intensity. Patients reporting this level of pain intensity may experience episodes of activity limitation related to pain.
	7 - 10	The patient is reporting severe levels of average pain intensity. Patients reporting this level of pain intensity tend to experience significant levels of activity limitation related to pain, use greater amounts of analgesic medication, and report higher levels of overall disability related to their pain.

