

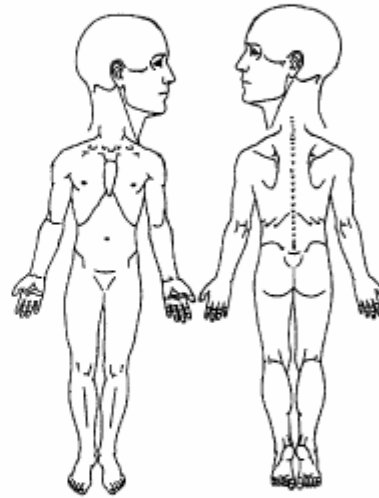
SHORT FORM MCGILL PAIN QUESTIONNAIRE and PAIN DIAGRAM

Date: _____

Name: _____

Check the column to indicate the level of your pain for each word, or leave blank if it does not apply to you.____

	Mild	Moderate	Severe
1 Throbbing	_____	_____	_____
2 Shooting	_____	_____	_____
3 Stabbing	_____	_____	_____
4 Sharp	_____	_____	_____
5 Cramping	_____	_____	_____
6 Gnawing	_____	_____	_____
7 Hot-burning	_____	_____	_____
8 Aching	_____	_____	_____
9 Heavy	_____	_____	_____
10 Tender	_____	_____	_____
11 Splitting	_____	_____	_____
12 Tiring-Exhausting	_____	_____	_____
13 Sickening	_____	_____	_____
14 Fearful	_____	_____	_____
15 Cruel-Punishing	_____	_____	_____



Mark or comment on the above figure where you have your pain or problems.

Indicate on this line how bad your pain is—at the left end of line means no pain at all, at right end means worst pain possible.

No Pain	_____	Worst Possible Pain
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S	/33	A	/12	VAS	/10
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