

## SHORT-FORM MCGILL PAIN QUESTIONNAIRE

PATIENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Instructions:** Since you have reported that one of your problems is **physical pain**, the purpose of this checklist is for you to give us an idea about what your **physical pain** feels like. Each of the words in the left column describes a **quality or characteristic** that pain can have. So, for **each** pain quality in the left column, check **the number** in that row which tells how much of that specific **quality** your pain has. Rate **every** pain quality.

<u>PAIN QUALITY</u>	<u>NONE</u>	<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>
Throbbing	(0) _____	(1) _____	(2) _____	(3) _____
Shooting	(0) _____	(1) _____	(2) _____	(3) _____
Stabbing	(0) _____	(1) _____	(2) _____	(3) _____
Sharp	(0) _____	(1) _____	(2) _____	(3) _____
Cramping	(0) _____	(1) _____	(2) _____	(3) _____
Gnawing	(0) _____	(1) _____	(2) _____	(3) _____
Hot-burning	(0) _____	(1) _____	(2) _____	(3) _____
Aching	(0) _____	(1) _____	(2) _____	(3) _____
Heavy	(0) _____	(1) _____	(2) _____	(3) _____
Tender	(0) _____	(1) _____	(2) _____	(3) _____
Splitting	(0) _____	(1) _____	(2) _____	(3) _____
Tiring-exhausting	(0) _____	(1) _____	(2) _____	(3) _____
Sickening	(0) _____	(1) _____	(2) _____	(3) _____
Fearful	(0) _____	(1) _____	(2) _____	(3) _____
Punishing-cruel	(0) _____	(1) _____	(2) _____	(3) _____

PLEASE MAKE AN "X" ON THE LINE BELOW TO SHOW HOW BAD YOUR PAIN IS RIGHT NOW.

NO PAIN |-----| WORST POSSIBLE PAIN

PLEASE CHECK THE ONE DESCRIPTOR BELOW THAT BEST DESCRIBES YOUR PRESENT PAIN.

- 0 NO PAIN \_\_\_\_\_
- 1 MILD \_\_\_\_\_
- 2 DISCOMFORTING \_\_\_\_\_
- 3 DISTRESSING \_\_\_\_\_
- 4 HORRIBLE \_\_\_\_\_
- 5 EXCRUCIATING \_\_\_\_\_

IS YOUR PAIN ?

(check one word)

- \_\_\_\_\_ Brief
- \_\_\_\_\_ Intermittent
- \_\_\_\_\_ Continuous

Note: Adapted with permission from the "Short Form McGill Pain Questionnaire". Copyright 1987 Ronald Melzack.

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