McGill - SF

Subject ID	Month	Day	Year	Week
0 0 0 0	0 0	0 0	0 0	0 0
1 1 1 1	1 1	1 1	1 1	1 1
2 2 2 2	2 2	2 2	2 2	2 2
3 3 3 3	3 3	3 3	3 3	3 3
4 4 4 4	4 4	4 4	4 4	4 4
5 5 5 5	5 5	5 5	5 5	5 5
6 6 6 6	6 6	6 6	6 6	6 6
7 7 7 7	7 7	7 7	7 7	7 7
8 8 8 8	8 8	8 8	8 8	8 8
9 9 9 9	9 9	9 9	9 9	9 9

Directions: Please read each word below and decide whether it describes what your pain has felt like over the PAST 4 WEEKS. If a word does not describe your pain, blacken 'DOES NOT APPLY,' and go on to the next item. If a word does describe your pain, then rate how strongly you have felt that sensation (1 = Mild, 2 = Moderate, 3 = Severe). Remember, make these ratings as to how your pain has felt over the PAST 4 WEEKS.

	DOES NOT APPLY	MILD	MODERATE	SEVERE
1. THROBBING	0	1	2	3
2. SHOOTING	0	1	2	3
3. STABBING	0	1	2	3
4. SHARP	0	1	2	3
5. CRAMPING	0	1	2	3
6. GNAWING	0	1	2	3
7. HOT - BURNING	0	1	2	3
8. ACHING	0	1	2	3
9. HEAVY	0	1	2	3
10. TENDER	0	1	2	3
11. SPLITTING	0	1	2	3
12. TIRING - EXHAUSTING	0	1	2	3
13. SICKENING	0	1	2	3
14. FEARFUL	0	1	2	3
15. PUNISHING - CRUEL	0	1	2	3

Please blacken the number on the line below which desribes your level of pain right now:

0 1 2 3 4 5 6 7 8 9 10

No Pain — Moderate Pain — Worst Pain Possible

Please blacken the number on the line below which describes your typical level of pain:

0 1 2 3 4 5 6 7 8 9 10

No Pain — Moderate Pain — Worst Pain Possible

Please indicate the word that best describes your pain right now:

1 No Pain 2 Mild 3 Discomforting 4 Distressing 5 Horrible 6 Excruciating