

McGill - SF

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.

Subject ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

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

Week
0
1
2
3
4
5
6
7
8
9

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