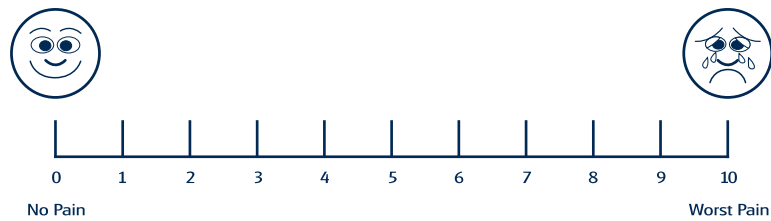


## SHORT FORM MCGILL PAIN QUESTIONNAIRE AND DRAWING

Please complete this form in blue or black pen only.

- 1) The Pain Scale is a tool which helps you to provide a measure of your pain intensity. Please indicate by circling a number on the line above the intensity of your pain.

The left end of the line indicates no pain at all. The far right end indicates worst pain possible.



- 2) Please tick the correct response, mild, moderate or severe for the words which best describe your pain. Leave the line blank if the word does not apply.

	MILD	MODERATE	SEVERE
1. Throbbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stabbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sharp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cramping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gnawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Hot-burning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Aching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Splitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Tiring / Exhausting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Sickening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cruel / Punishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Please mark the drawings where you feel the following sensations:

1. Numbness:     // // // // // // // //  
                  // // // // // // // //

2. Pain:           XXXXXXX  
                  XXXXXXX

3. Pins & Needles:   .....  
                          .....  
                          .....  
                          .....

4. Ache:           00000000  
                      00000000

