

Date: _____

Name: _____

Short-form McGill Pain Questionnaire 2 (SF-MPQ-2)

For this questionnaire, please rate the intensity of each type of pain and related symptoms you felt during the past week on a 0 to 10 scale, with 0 being no pain and 10 being the worst pain you can imagine. Use 0 if the word does not describe your pain or related symptoms.

1. Throbbing pain	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
2. Shooting pain	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
3. Stabbing pain	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
4. Sharp pain	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
5. Cramping pain	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
6. Gnawing pain	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
7. Hot-burning pain	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
8. Aching pain	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
9. Heavy pain	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
10. Tender	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
11. Splitting pain	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
12. Tiring-exhausting	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
13. Sickening	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
14. Fearful	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
15. Punishing-cruel	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
16. Electric-shock pain	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
17. Cold-freezing pain	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
18. Piercing	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
19. Pain caused by light touch	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
20. Itching	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
21. Tingling or 'pins and needles'	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>
22. Numbness	<i>none</i>	0	1	2	3	4	5	6	7	8	9	10	<i>worst possible</i>

23. Present Pain Intensity (PPI) – Numerical Pain Rating Scale. On a scale from zero to ten, zero indicating no pain and ten indicating worst pain imaginable:

None *worst possible*

0	1	2	3	4	5	6	7	8	9	10
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24. Evaluative overall intensity of total pain experience. Please check (✓) the word that describes your pain.

- No pain* *Mild* *Discomforting* *Distressing* *Horrible* *Excruciating*