

Pain Questionnaire

Short-Form McGill Pain Questionnaire

ept Rehabilitation

Patient's Name: _____ Date: _____

Please rate any of these different types of pain you are experiencing today:

	None (0)	Mild (1)	Moderate (2)	Severe (3)
Throbbing				
Shooting				
Stabbing				
Sharp				
Cramping				
Gnawing				
Hot-burning				
Aching				
Heavy				
Tender				
Splitting				
Tiring-Exhausting				
Sickening				
Fearful				
Punishing-Cruel				

Rate your pain level on the scale below:

No Pain | _____ | Worst Possible Pain

Have you had any falls within the past year? If so, how many? _____