

MULTIFACET PAIN QUESTIONNAIRE

(Version 1.0)

NAME: _____ INJURY _____ DATE: _____

You may hurt or have symptoms that make it difficult to do some of the things you normally do.
The three sections below are used to help determine the pain symptoms that you have.
Please complete each section by marking the box that is appropriate for you.

SCORE ___/15: Disability: To Convert to 100% Cont. Below
(___/2) = ___ x3 = ___ x10 = ___ %

Short-Form McGill Pain Questionnaire

The words below describe average pain. Please mark the box in the column that represents the degree to which you feel that type of pain.

	NONE	Mild	Moderate	Severe
Throbbing				
Shooting				
Stabbing				
Sharp				
Cramping				
Gnawing				
Hot-Burning				
Aching				
Heavy				
Tender				
Splitting				
Tiring-Exhausting				
Sickening				
Fearful				
Punishing-Cruel				

DAILY PAIN SCALE

Please mark the box that best describes your pain in the given situation.

	None	Mild	Moderate	Horrible	Excruciating
1. On average over the last week.					
2. At it's Best					
3. At it's Worst					
4. Today					

Min. Detectable Change (90%): =13.5% or 2 GDQ points (Change < this may be due to measurement error)

Overall Status compared to your pre-injury level or normal self? Where: 0 indicates the worst possible; 10 indicates your pre-injury.

0 1 2 3 4 5 6 7 8 9 10

Worst
Possible

Pre-Injury or
Normal