

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

For this questionnaire, I will provide you a list of words that describe some of the different qualities of pain and related symptoms. Please rate the intensity of each of the pain and related symptoms you felt during the past week on 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. Limit yourself to a description of the pain related to your surgery or pelvic pain.

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

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, rate your pelvic pain:

None	0	1	2	3	4	5	6	7	8	9	10	worst possible
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24. Evaluative overall intensity of total pain experience. Please check (✓) the word that describes the pain in your pelvic area only.

- No pain Mild Discomforting Distressing Horrible Excruciating