

**McGill-Melzack
PAIN QUESTIONNAIRE**

Patient's name: _____ Age: _____

File No.: _____ Date: _____

Clinical category (e.g., cardiac, neurological, etc): _____

Diagnosis: _____

Analgesic (if already administered):

1. Type _____

2. Dosage _____

3. Time given in relation to this test _____

Patient's intelligence: circle number that represents best estimate

1 (low)

2

3

4

5 (high)

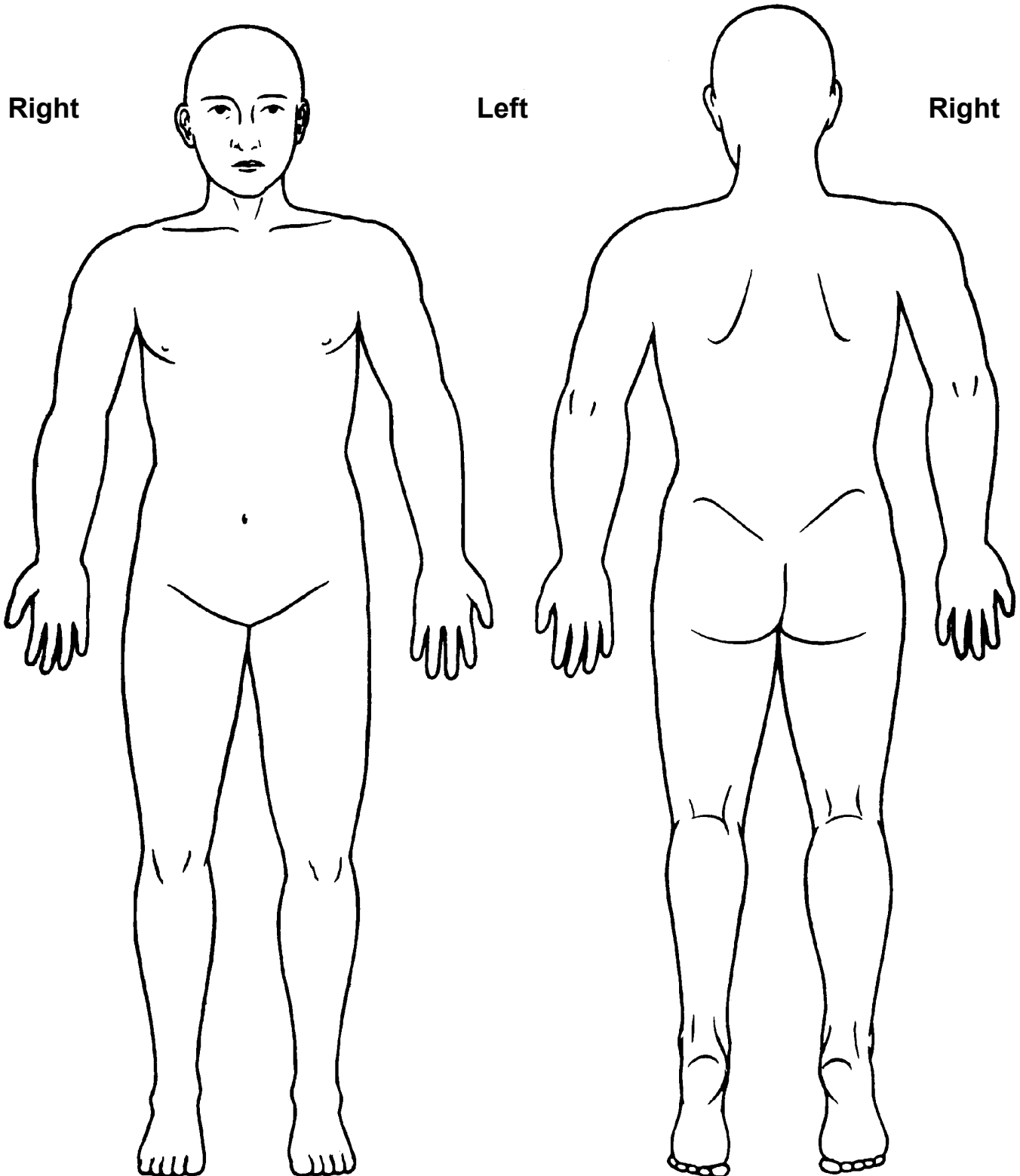
This questionnaire has been designed to tell us more about your pain. Four major questions we ask are:

1. Where is your pain?
2. What does it feel like?
3. How does it change with time?
4. How strong is it?

It is important that you tell us how your pain feels now. Please follow the instructions at the beginning of each part.

Part 1: Where is your Pain?

Please mark, on the drawings below, the areas where you feel pain or discomfort. Make the mark(s) as big or as small as your pain or discomfort. Show where the pain starts and where it goes. Near the areas you mark, put **E** if external (outside of your body) or **I** if internal (inside your body). Put **EI** if both external and internal.



Part 2: What Does Your Pain Feel Like?

Some of the words below describe your **present** pain. Circle **ONLY** those words that best describe it. Leave out any category that is not suitable. Use only a single word on each appropriate category - the one that applies best.

- | | | | |
|--|---|---|--|
| 1
Flickering
Quivering
Pulsing
Throbbing
Beating
Pounding | 2
Jumping
Flashing
Shooting | 3
Pricking
Boring
Drilling
Stabbing
Lancinating | 4
Sharp
Cutting
Lacerating |
| 5
Pinching
Pressing
Gnawing
Cramping
Crushing | 6
Tugging
Pulling
Wrenching | 7
Hot
Burning
Scalding
Searing | 8
Tingling
Itchy
Smarting
Stinging |
| 9
Dull
Sore
Hurting
Aching
Heavy | 10
Tender
Taut
Rasping
Splitting | 11
Tiring
Exhausting | 12
Sickening
Suffocating |
| 13
Fearful
Frightening
Terrifying | 14
Punishing
Grueling
Cruel
Vicious
Killing | 15
Wretched
Blinding | 16
Annoying
Troublesome
Miserable
Intense
Unbearable |
| 17
Spreading
Radiating
Penetrating
Piercing | 18
Tight
Numb
Drawing
Squeezing
Tearing | 19
Cool
Cold
Freezing | 20
Nagging
Nauseating
Agonizing
Dreadful
Torturing |

Part 3: How Does Your Pain Change with Time?

1. Which word or words would you use to describe the pattern of your pain?

1	2	3
Continuous	Rhythmic	Brief
Steady	Periodic	Momentary
Constant	Intermittent	Transient

2. What kinds of things relieve your pain?

3. What kinds of things increase your pain?

Part 4: How Strong Is Your Pain?

People agree that the following 6 words represent pain of increasing intensity. They are:

0	1	2	3	4	5
None	Mild	Discomforting	Distressing	Horrible	Excruciating

To answer each question below, write the number of the most appropriate word in the space beside the question.

- Which word describes your pain right now? _____
- Which word describes it at its worst? _____
- Which word describes it when it is least? _____
- Which word describes the worst toothache you ever had? _____
- Which word describes the worst headache you ever had? _____
- Which word describes the worst stomach-ache you ever had? _____