

McGILL-MELZACK PAIN QUESTIONNAIRE

Name _____ Date _____

Analgesics (pain killers)

1. Type _____
2. Dosage _____

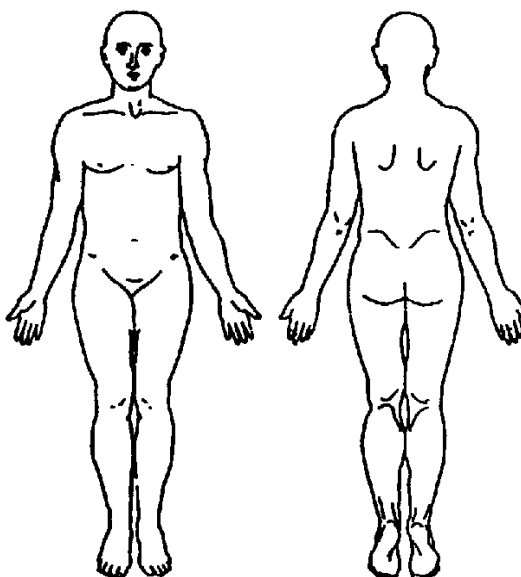
This questionnaire has been designed to tell us more about your pain.
Four major questions we ask over the next few pages are:

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 is **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. Put E if external or I if internal near the areas where you mark. Put E I if both external and internal.



E = EXTERNAL
I = INTERNAL

PART 2. WHAT DOES YOUR PAIN FEEL LIKE?

The words below describe pain. Circle ONE word in each category which best describes your present pain. Leave out any group which does not apply. PLEASE CIRCLE.

1 FLICKERING _____	8 TINGLING _____	16 ANNOYING _____
QUIVERING _____	ITCHY _____	TROUBLESOME _____
PULSING _____	SMARTING _____	MISERABLE _____
THROBBING _____	STINGING _____	INTENSE _____
BEATING _____	9 DULL _____	UNBEARABLE _____
POUNING _____	SORE _____	17 SPREADING _____
2 JUMPING _____	HURTING _____	RADIATING _____
FLASHING _____	ACHING _____	PENETRATING _____
SHOOTING _____	HEAVY _____	PIERCING _____
3 PRICKING _____	10 TENDER _____	18 TIGHT _____
BORING _____	TAUT _____	NUMB _____
DRILLING _____	RASPING _____	DRAWING _____
STABBING _____	SPLITTING _____	SQUEEZING _____
LANCINATING _____	11 TIRING _____	TEARING _____
4 SHARP _____	EXHAUSTING _____	19 COOL _____
CUTTING _____	12 SICKENING _____	COLD _____
LACERATING _____	SUFFOCATING _____	FREEZING _____
5 PINCHING _____	13 FEARFUL _____	20 NAGGING _____
PRESSING _____	FRIGHTFUL _____	NAUSEATING _____
GNAWING _____	TERRIFYING _____	AGONISING _____
CRAMPING _____	14 PUNISHING _____	DREADFUL _____
CRUSHING _____	GRUELLING _____	TORTURING _____
6 TUGGING _____	CRUEL _____	<i>Office Use</i>
PULLING _____	VICIOUS _____	S (1-10) _____
WRENCHING _____	KILLING _____	A (11-15) _____
7 HOT _____	FRIGHTFUL _____	E (16) _____
BURNING _____	TERRIFYING _____	M (17-20) _____
SCALDING _____	15 WRETCHED _____	PRI (T) _____
SEARING _____	BLINDING _____	PPI _____

PART 3. HOW DOES YOUR PAIN CHANGE WITH TIME?

1. Circle the word or words that describe the **pattern** of your pain.

- | | | |
|---------------|--------------|-----------|
| 1. continuous | 2. rhythmic | 3. brief |
| steady | periodic | momentary |
| constant | intermittent | transient |

If word/s from Group 1 chosen, do rises in pain occur? Circle: Yes No

2. What kind of things **relieve** your pain?

3. What kind of things **increase** your pain?
