PHYSIO

MCGILL PAIN QUESTIONNAIRE

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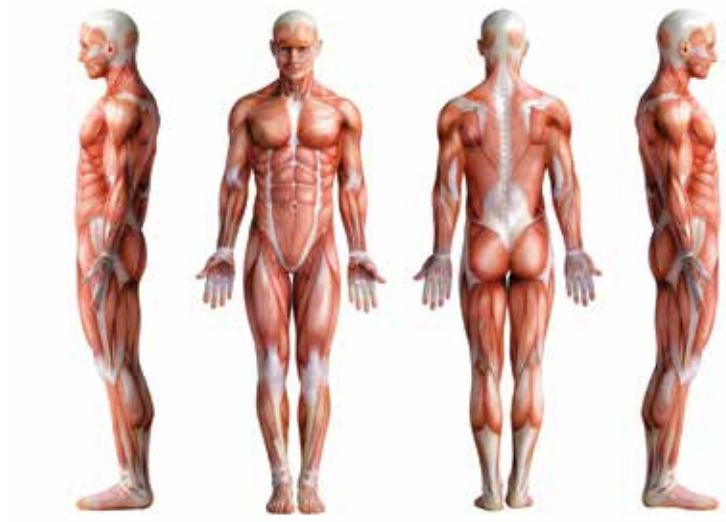
PAIN AREA

Mark **I** for Internal Pain. **E** for External Pain



PRESENT PAIN INTENSITY

1.Mild 2.Discomforting 3.Distressing 4.Horrible 5.Excruciating

The pain now?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
At its worst?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
When it is least?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
Worst toothache ever had?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
Wost headache ever had?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
Worst stomachache ever had?	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯

DESCRIBE PAIN

Mark only words that describe FEELING of pain

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

ACCOMPANYING SYMPTOMS :

Nausea ☐ Headache ☐ Dizziness ☐ Drowsiness ☐ Constipation ☐ Diarrhea ☐

HOW PAIN CHANGES

Mark only words that describe PATTERN of pain

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

Mark with **-** that RELIEVE pain and **+** that INCREASE pain

Liquor	- ◯ + ◯	Massage	- ◯ + ◯	Lying Down	- ◯ + ◯	Intercourse	- ◯ + ◯
Stimulants	- ◯ + ◯	Pressure	- ◯ + ◯	Distractions	- ◯ + ◯	Mild Exercise	- ◯ + ◯
Eating	- ◯ + ◯	No Movement	- ◯ + ◯	Toilet	- ◯ + ◯	Fatique	- ◯ + ◯
Heat	- ◯ + ◯	Movement	- ◯ + ◯	Tension/Stress	- ◯ + ◯	Standing	- ◯ + ◯
Cold	- ◯ + ◯	Rest	- ◯ + ◯	Loud Noises	- ◯ + ◯	Sitting	- ◯ + ◯
Weather	- ◯ + ◯	Sleep/Rest	- ◯ + ◯	Going To Work	- ◯ + ◯		

PAIN RATING INDEX

Sensory:	Affective:	Evaluative:	Misc:	PRI Total:	PPI:
1-10	11-15	16	17-20	1-20	