

MCGILL PAIN QUESTIONNAIRE

PATIENT NAME: _____ DATE: _____

What Does Your Pain Feel Like?

Some of the following words below describe your present pain. Check 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.

PAIN RATING INDEX PRI

1. Is your <u>PRESENT</u> pain...	2. Is your <u>PRESENT</u> pain...	3. Is your <u>PRESENT</u> pain...	4. Is your <u>PRESENT</u> pain...
FLICKERING <input type="checkbox"/>	JUMPING <input type="checkbox"/>	PRICKING <input type="checkbox"/>	SHARP <input type="checkbox"/>
QUIVERING <input type="checkbox"/>	FLASHING <input type="checkbox"/>	BORING <input type="checkbox"/>	CUTTING <input type="checkbox"/>
PULSING <input type="checkbox"/>	SHOOTING <input type="checkbox"/>	DRILLING <input type="checkbox"/>	LACERATING <input type="checkbox"/>
THROBBING <input type="checkbox"/>		STABBING <input type="checkbox"/>	
BEATING <input type="checkbox"/>		LANCINATING <input type="checkbox"/>	
POUDING <input type="checkbox"/>			
<hr/>			
5. Is your <u>PRESENT</u> pain...	6. Is your <u>PRESENT</u> pain...	7. Is your <u>PRESENT</u> pain...	8. Is your <u>PRESENT</u> pain...
PINCHING <input type="checkbox"/>	TUGGING <input type="checkbox"/>	HOT <input type="checkbox"/>	TINGLING <input type="checkbox"/>
PRESSING <input type="checkbox"/>	PULLING <input type="checkbox"/>	BURNING <input type="checkbox"/>	ITCHY <input type="checkbox"/>
GNAWING <input type="checkbox"/>	WRENCHING <input type="checkbox"/>	SCALDING <input type="checkbox"/>	SMARTING <input type="checkbox"/>
CRAMPING <input type="checkbox"/>		SEARING <input type="checkbox"/>	STINGING <input type="checkbox"/>
CRUSHING <input type="checkbox"/>			
<hr/>			
9. Is your <u>PRESENT</u> pain...	10. Is your <u>PRESENT</u> pain...	11. Is your <u>PRESENT</u> pain...	12. Is your <u>PRESENT</u> pain...
DULL <input type="checkbox"/>	TENDER <input type="checkbox"/>	TIRING <input type="checkbox"/>	SICKENING <input type="checkbox"/>
SORE <input type="checkbox"/>	TAUT <input type="checkbox"/>	EXHAUSTING <input type="checkbox"/>	SUFFOCATING <input type="checkbox"/>
HURTING <input type="checkbox"/>	RASPING <input type="checkbox"/>		
ACHING <input type="checkbox"/>	SPLITTING <input type="checkbox"/>		
HEAVY <input type="checkbox"/>			
<hr/>			
13. Is your <u>PRESENT</u> pain...	14. Is your <u>PRESENT</u> pain...	15. Is your <u>PRESENT</u> pain...	16. Is your <u>PRESENT</u> pain...
FEARFUL <input type="checkbox"/>	PUNISHING <input type="checkbox"/>	WRETCHED <input type="checkbox"/>	ANNOYING <input type="checkbox"/>
FIGHTFUL <input type="checkbox"/>	GRUELLING <input type="checkbox"/>	BLINDING <input type="checkbox"/>	TROUBLESOME <input type="checkbox"/>
TERRIFYING <input type="checkbox"/>	CRUEL <input type="checkbox"/>		MISERABLE <input type="checkbox"/>
	VICIOUS <input type="checkbox"/>		INTENSE <input type="checkbox"/>
	KILLING <input type="checkbox"/>		UNBEARABLE <input type="checkbox"/>
<hr/>			
17. Is your <u>PRESENT</u> pain...	18. Is your <u>PRESENT</u> pain...	19. Is your <u>PRESENT</u> pain...	20. Is your <u>PRESENT</u> pain...
SPREADING <input type="checkbox"/>	TIGHT <input type="checkbox"/>	COOL <input type="checkbox"/>	NAGGING <input type="checkbox"/>
RADIATING <input type="checkbox"/>	NUMB <input type="checkbox"/>	COLD <input type="checkbox"/>	NAUSEATING <input type="checkbox"/>
PENETRATING <input type="checkbox"/>	DRAWING <input type="checkbox"/>	FREEZING <input type="checkbox"/>	AGONIZING <input type="checkbox"/>
PIERCING <input type="checkbox"/>	SQUEEZING <input type="checkbox"/>		DREADFUL <input type="checkbox"/>
	TEARING <input type="checkbox"/>		TORTURING <input type="checkbox"/>

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How Does Your Pain Change With Time?

Which word / words would you use to describe the pattern of your pain?

PAIN TIME RATING INDEX PRI (T)

BRIEF	RHYTHMIC	CONTINUOUS
MOMENTARY	PERIODIC	STEADY
TRANSIENT	INTERMITTENT	CONSTANT

How Strong Is Your Pain?

Please circle ONE of the following words in the box below that best describes how strong your pain is right NOW.

PRESENT PAIN INTENSITY PPI

NO PAIN	MILD	DISCOMFORTING	DISTRESSING
	HORRIBLE	EXCRUCIATING	

THERAPIST USE ONLY

PRI: SENSORY _____ AFFECTIVE _____ EVALUATIVE _____

MISCELLANEOUS _____ PRI (T): _____ PPI: _____

MCGILL PAIN QUESTIONNAIRE

THERAPIST USE ONLY

PRI SCORING

The descriptors fall into four major groups: sensory, Questions 1-10; affective, Questions 11-15; evaluative, Question 16; and miscellaneous, Questions 17-20. The rank value for each descriptor is based on its position in the word set. Then sum of the rank values is the Pain Rating Index (P.R.I.).

<u>Question 1. (Temporal)</u>	<u>Question 2. (Spatial)</u>	<u>Question 3. (Punctate Pressure)</u>	<u>Question 4. (Incisive Pressure)</u>
FLICKERING 1 Pts	JUMPING 1 Pts	PRICKING 1 Pts	SHARP 1 Pts
QUIVERING 2 Pts	FLASHING 2 Pts	BORING 2 Pts	CUTTING 2 Pts
PULSING 3 Pts	SHOOTING 3 Pts	DRILLING 3 Pts	LACERATING 3 Pts
THROBBING 4 Pts		STABBING 4 Pts	
BEATING 5 Pts		LANCINATING 5 Pts	
POUNGING 6 Pts			
<u>Question 5. (Constrictive Pressure)</u>	<u>Question 6. (Traction Pressure)</u>	<u>Question 7. (Thermal)</u>	<u>Question 8. (Brightness)</u>
PINCHING 1 Pts	TUGGING 1 Pts	HOT 1 Pts	TINGLING 1 Pts
PRESSING 2 Pts	PULLING 2 Pts	BORING 2 Pts	ITCHY 2 Pts
GNAWING 3 Pts	WRENCHING 3 Pts	SCALDING 3 Pts	SMARTING 3 Pts
CRAMPING 4 Pts		SEARING 4 Pts	STINGING 4 Pts
CRUSHING 5 Pts			
<u>Question 9. (Dullness)</u>	<u>Question 10. (Sensory Miscellaneous)</u>	<u>Question 11. (Tension)</u>	<u>Question 12. (Automatic)</u>
DULL 1 Pts	TENDER 1 Pts	TIRING 1 Pts	SICKENING 1 Pts
SORE 2 Pts	TAUT 2 Pts	EXHAUSTING 2 Pts	SUFFOCATING 2 Pts
HURTING 3 Pts	RASPING 3 Pts		
ACHING 4 Pts	SPLITTING 4 Pts		
HEAVY 5 Pts			
<u>Question 13. (Fear)</u>	<u>Question 14. (Pinishment)</u>	<u>Question 15. (Sensory)</u>	<u>Question 16. (Evaluative)</u>
FEARFUL 1 Pts	PUNISHING 1 Pts	WRETCHED 1 Pts	ANNOYING 1 Pts
FIGHTFUL 2 Pts	GRUELLING 2 Pts	BLINDING 2 Pts	TROUBLESOME 2 Pts
TERRIFYING 3 Pts	CRUEL 3 Pts		MISERABLE 3 Pts
	VICIOUS 4 Pts		INTENSE 4 Pts
	KILLING 5 Pts		UNBEARABLE 5 Pts
<u>Question 17. (Sensory Miscellaneous)</u>	<u>Question 18. (Sensory Miscellaneous)</u>	<u>Question 19. (Sensory)</u>	<u>Question 20. (Miscellaneous)</u>
SPREADING 1 Pts	TIGHT 1 Pts	COOL 1 Pts	NAGGING 1 Pts
RADIATING 2 Pts	NUMB 2 Pts	COLD 2 Pts	NAUSEATING 2 Pts
PENETRATING 3 Pts	DRAWING 3 Pts	FREEZING 3 Pts	AGONIZING 3 Pts
PIERCING 4 Pts	SQUEEZING 4 Pts		DREADFUL 4 Pts
	TEARING 5 Pts		TORTURING 5 Pts

PRI (T) SCORING

Look at all the words the patient circled in the box. Refer them to the key below and add all their points. The total amount of points will be the Pain Time Rating Index (P.T.R.I.).

<u>1 Point</u>	<u>2 Points</u>	<u>3 Points</u>
CONTINUOUS	RYTHMIC	BRIEF
STEADY	PERIODIC	MOMENTARY
CONSTANT	INTERMITTENT	TRANSIENT

PPI SCORING

Look at the word the patient chose describing their pain, the number next to it will represent their Present Pain Intensity (P.P.I.). The numbers below are on a pain intensity scale of 0-5 (0 NO PAIN –5 EXCRUCIATING).



INTERPRETATION:

- Minimum Pain Score: 0 (would not be seen in a person with true pain)
- Maximum Pain Score: 78
- The higher the Pain Score the greater pain.