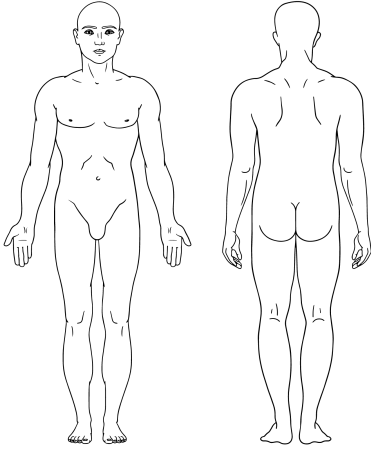


McGill Pain Questionnaire

Patient's Name: _____ Date Accomplished: _____

Clinician's name: _____

Instructions: Please select which words describe your pain by ticking the buttons for each subcategory.

<p>1. FLICKERING (1) <input type="radio"/></p> <p> QUIVERING (2) <input type="radio"/></p> <p> PULSING (3) <input type="radio"/></p> <p> THROBBING (4) <input type="radio"/></p> <p> BEATING (5) <input type="radio"/></p> <p> POUNDING (6) <input type="radio"/></p>	<p>TAUT (2) <input type="radio"/></p> <p>RASPING (3) <input type="radio"/></p> <p>SPLITTING (4) <input type="radio"/></p> <hr/> <p>11. TIRING (1) <input type="radio"/></p> <p> EXHAUSTING (2) <input type="radio"/></p>	<p>Sensory Score (Items 1-10): _____</p> <p>Affective Score (Items 11-15): _____</p> <p>Evaluative Score (Item 16): _____</p> <p>Total Score (Pain Rating Index): _____</p> <p>Present Pain Intensity (PPI): _____</p>									
<p>2. JUMPING (1) <input type="radio"/></p> <p> FLASHING (2) <input type="radio"/></p> <p> SHOOTING (3) <input type="radio"/></p>	<p>12. SICKENING (1) <input type="radio"/></p> <p> SUFFOCATING (2) <input type="radio"/></p>										
<p>3. PRICKING (1) <input type="radio"/></p> <p> BORING (2) <input type="radio"/></p> <p> DRILLING (3) <input type="radio"/></p> <p> STABBING (4) <input type="radio"/></p> <p> LANCINATING (5) <input type="radio"/></p>	<p>13. FEARFUL (1) <input type="radio"/></p> <p> FRIGHTFUL (2) <input type="radio"/></p> <p> TERRIFYING (3) <input type="radio"/></p>	<p>PPI</p> <p>0 NO PAIN _____</p> <p>1 MILD _____</p> <p>2 DISCOMFORTING _____</p> <p>3 DISTRESSING _____</p> <p>4 HORRIBLE _____</p> <p>5 EXCRUCIATING _____</p>									
<p>4. SHARP (1) <input type="radio"/></p> <p> CUTTING (2) <input type="radio"/></p> <p> LACERATING (3) <input type="radio"/></p>	<p>14. PUNISHING (1) <input type="radio"/></p> <p> GRUELING (2) <input type="radio"/></p> <p> CRUEL (3) <input type="radio"/></p> <p> VICIOUS (4) <input type="radio"/></p> <p> KILLING (5) <input type="radio"/></p>										
<p>5. PINCHING (1) <input type="radio"/></p> <p> PRESSING (2) <input type="radio"/></p> <p> GNAWING (3) <input type="radio"/></p> <p> CRAMPING (4) <input type="radio"/></p> <p> CRUSHING (5) <input type="radio"/></p>	<p>15. WRETCHED (1) <input type="radio"/></p> <p> BLINDING (2) <input type="radio"/></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>BRIEF <input type="radio"/></td> <td>RHYTHMIC <input type="radio"/></td> <td>CONTINUOUS <input type="radio"/></td> </tr> <tr> <td>MOMENTARY <input type="radio"/></td> <td>PERIODIC <input type="radio"/></td> <td>STEADY <input type="radio"/></td> </tr> <tr> <td>TRANSIENT <input type="radio"/></td> <td>INTERMITTENT <input type="radio"/></td> <td>CONSTANT <input type="radio"/></td> </tr> </table>	BRIEF <input type="radio"/>	RHYTHMIC <input type="radio"/>	CONTINUOUS <input type="radio"/>	MOMENTARY <input type="radio"/>	PERIODIC <input type="radio"/>	STEADY <input type="radio"/>	TRANSIENT <input type="radio"/>	INTERMITTENT <input type="radio"/>	CONSTANT <input type="radio"/>
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TRANSIENT <input type="radio"/>	INTERMITTENT <input type="radio"/>	CONSTANT <input type="radio"/>									
<p>6. TUGGING (1) <input type="radio"/></p> <p> PULLING (2) <input type="radio"/></p> <p> WRENCHING (3) <input type="radio"/></p>	<p>16. ANNOYING (1) <input type="radio"/></p> <p> TROUBLESOME (2) <input type="radio"/></p> <p> MISERABLE (3) <input type="radio"/></p> <p> INTENSE (4) <input type="radio"/></p> <p> UNBEARABLE (5) <input type="radio"/></p>										
<p>7. HOT (1) <input type="radio"/></p> <p> BURNING (2) <input type="radio"/></p> <p> SCALDING (3) <input type="radio"/></p> <p> SEARING (4) <input type="radio"/></p>	<p>17. SPREADING (1) <input type="radio"/></p> <p> RADIATING (2) <input type="radio"/></p> <p> PENETRATING (3) <input type="radio"/></p> <p> PIERCING (4) <input type="radio"/></p>										
<p>8. TINGLING (1) <input type="radio"/></p> <p> ITCHY (2) <input type="radio"/></p> <p> SMARTING (3) <input type="radio"/></p> <p> STINGING (4) <input type="radio"/></p>	<p>18. TIGHT (1) <input type="radio"/></p> <p> NUMB (2) <input type="radio"/></p> <p> DRAWING (3) <input type="radio"/></p> <p> SQUEEZING (4) <input type="radio"/></p> <p> TEARING (5) <input type="radio"/></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="radio"/> E = EXTERNAL</td> </tr> <tr> <td><input type="radio"/> I = INTERNAL</td> </tr> </table> <p>CIRCLE THE BODY PART BEING TREATED TODAY</p>	<input type="radio"/> E = EXTERNAL	<input type="radio"/> I = INTERNAL							
<input type="radio"/> E = EXTERNAL											
<input type="radio"/> I = INTERNAL											
<p>9. DULL (1) <input type="radio"/></p> <p> SORE (2) <input type="radio"/></p> <p> HURTING (3) <input type="radio"/></p> <p> ACHING (4) <input type="radio"/></p> <p> HEAVY (5) <input type="radio"/></p>	<p>19. COOL (1) <input type="radio"/></p> <p> COLD (2) <input type="radio"/></p> <p> FREEZING (3) <input type="radio"/></p>	<p>COMMENTS:</p>									
<p>10. TENDER (1) <input type="radio"/></p>	<p>20. NAGGING (1) <input type="radio"/></p> <p> NAUSEATING (2) <input type="radio"/></p> <p> AGONIZING (3) <input type="radio"/></p> <p> DREADFUL (4) <input type="radio"/></p> <p> TORTURING (5) <input type="radio"/></p>										