



The McGill Pain Questionnaire

Patient Name: _____ Date of Birth: _____ Date: _____

What Does Your Pain Feel Like?

Statement: Some of the following 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 in each appropriate category - the one that applies best.

1 (temporal)

1. flickering
2. quivering
3. pulsing
4. throbbing
5. beating
6. pounding

2 (spatial)

1. jumping
2. flashing
3. shooting

3 (punctate pressure)

1. pricking
2. boring
3. drilling
4. stabbing
5. lacerating

4 (incisive pressure)

1. sharp
2. cutting
3. lacerating

5 (constrictive pressure)

1. pinching
2. pressing
3. gnawing
4. cramping
5. crushing

6 (traction pressure)

1. tugging
2. pulling
3. wrenching

7 (thermal)

1. hot
2. burning
3. scalding
4. searing

8 (brightness)

1. tingling
2. itchy
3. smarting
4. stinging

9 (dullness)

1. dull
2. sore
3. hurting
4. aching
5. heavy

10 (sensory miscellaneous)

1. tender
2. taut
3. rasping
4. splitting

11 (tension)

1. tiring
2. exhausting

12 (autonomic)

1. sickening
2. suffocating

13 (fear)

1. fearful
2. frightful
3. terrifying

14 (punishment)

1. punishing
2. grueling
3. cruel
4. vicious
5. killing

15 (affective-evaluative-sensory: miscellaneous)

1. wretched
2. blinding

16 (evaluative)

1. annoying
2. troublesome
3. miserable
4. intense
5. unbearable

17 (sensory: miscellaneous)

1. spreading
2. radiating
3. penetrating
4. piercing

18 (sensory: miscellaneous)

1. tight
2. numb
3. drawing
4. squeezing
5. tearing

19 (sensory)

1. cool
2. cold
3. freezing

20 (affective-evaluative: miscellaneous)

1. nagging
2. nauseating
3. agonizing
4. dreadful
5. torturing



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How Does Your Pain Change with Time?

Circle which word or words would you use to describe the pattern of your pain?

- continuous steady
- rhythmic periodic
- brief momentary
- constant
- intermittent
- transient

Do the following items increase or decrease your pain? Check the appropriate column. Leave the column blank if there is no increase or decrease.

	Increase	Decrease
Liquor		
Stimulants such as coffee		
Eating		
Heat		
Cold		
Damp		
Weather changes		
Massage or use of a vibrator		
Pressure		
No movement		
Movement		
Sleep or rest		
Lying down		
Distraction (TV reading etc.)		
Urination or defecation		
Tension		
Bright lights		
Loud noises		
Going to work		
Intercourse		
Mild exercise		
Fatigue		



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How Strong is Your Pain? Please circle which word best answers the questions below.

Which word describes your pain right now?

1. mild
2. discomforting
3. distressing
4. horrible
5. excruciating

Which word describes it at its worst?

1. mild
2. discomforting
3. distressing
4. horrible
5. excruciating

Which word describes it when it is least?

1. mild
2. discomforting
3. distressing
4. horrible
5. excruciating

Which word describes the worst toothache you ever had?

1. mild
2. discomforting
3. distressing
4. horrible
5. excruciating

Which word describes the worst headache you ever had?

1. mild
2. discomforting
3. distressing
4. horrible
5. excruciating

Which word describes the worst stomachache you ever had?

1. mild
2. discomforting
3. distressing
4. horrible
5. excruciating