

McGill – Melzack Pain Questionnaire

Patient's name _____ Date _____ Time _____ am/pm
 Analgesic(s) _____ Dosage _____ Time Given _____ am/pm
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 Analgesic Time Difference (hours): +4 +1 +2 +3
 PRI: S _____ A _____ E _____ M(S) _____ M(AE) _____ M(T) _____ PRI (T) _____
 (1-10) (11-15) (16) (17-19) (20) (17-20) (1-20)

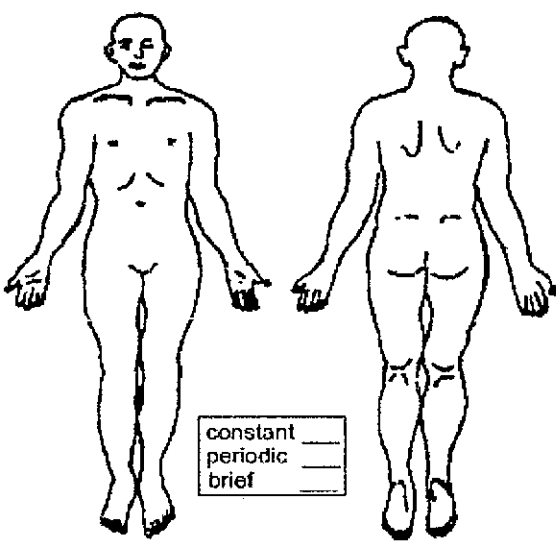
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1 flickering</td><td>11 tiring</td></tr> <tr><td>quivering</td><td>exhausting</td></tr> <tr><td>pulsing</td><td>12 sickening</td></tr> <tr><td>throbbing</td><td>suffocating</td></tr> <tr><td>beating</td><td>13 fearful</td></tr> <tr><td>pounding</td><td>frightful</td></tr> <tr><td>2 jumping</td><td>terrifying</td></tr> <tr><td>flashing</td><td>14 punishing</td></tr> <tr><td>shooting</td><td>gruelling</td></tr> <tr><td>3 pricking</td><td>cruel</td></tr> <tr><td>boring</td><td>vicious</td></tr> <tr><td>drilling</td><td>killing</td></tr> <tr><td>stabbing</td><td>15 wretched</td></tr> <tr><td>lancinating</td><td>blinding</td></tr> <tr><td>4 sharp</td><td>16 annoying</td></tr> <tr><td>cutting</td><td>troublesome</td></tr> <tr><td>lacerating</td><td>miserable</td></tr> <tr><td>5 pinching</td><td>intense</td></tr> <tr><td>pressing</td><td>unbearable</td></tr> <tr><td>gnawing</td><td>17 spreading</td></tr> <tr><td>cramping</td><td>radiating</td></tr> <tr><td>crushing</td><td>penetrating</td></tr> <tr><td>6 tugging</td><td>piercing</td></tr> <tr><td>pulling</td><td>18 tight</td></tr> <tr><td>wrenching</td><td>numb</td></tr> <tr><td>7 hot</td><td>drawing</td></tr> <tr><td>burning</td><td>squeezing</td></tr> <tr><td>scalding</td><td>tearing</td></tr> <tr><td>searing</td><td>19 cool</td></tr> <tr><td>8 tingling</td><td>cold</td></tr> <tr><td>itchy</td><td>freezing</td></tr> <tr><td>smarting</td><td>20 nagging</td></tr> <tr><td>stinging</td><td>nauseating</td></tr> <tr><td>9 dull</td><td>agonizing</td></tr> <tr><td>sore</td><td>dreadful</td></tr> <tr><td>hurting</td><td>torturing</td></tr> <tr><td>aching</td><td>PPI _____</td></tr> <tr><td>heavy</td><td>0 no pain</td></tr> <tr><td>10 tender</td><td>1 mild</td></tr> <tr><td>lout</td><td>2 discomforting</td></tr> <tr><td>rasping</td><td>3 distressing</td></tr> <tr><td>splitting</td><td>4 horrible</td></tr> <tr><td></td><td>5 excruciating</td></tr> </table>	1 flickering	11 tiring	quivering	exhausting	pulsing	12 sickening	throbbing	suffocating	beating	13 fearful	pounding	frightful	2 jumping	terrifying	flashing	14 punishing	shooting	gruelling	3 pricking	cruel	boring	vicious	drilling	killing	stabbing	15 wretched	lancinating	blinding	4 sharp	16 annoying	cutting	troublesome	lacerating	miserable	5 pinching	intense	pressing	unbearable	gnawing	17 spreading	cramping	radiating	crushing	penetrating	6 tugging	piercing	pulling	18 tight	wrenching	numb	7 hot	drawing	burning	squeezing	scalding	tearing	searing	19 cool	8 tingling	cold	itchy	freezing	smarting	20 nagging	stinging	nauseating	9 dull	agonizing	sore	dreadful	hurting	torturing	aching	PPI _____	heavy	0 no pain	10 tender	1 mild	lout	2 discomforting	rasping	3 distressing	splitting	4 horrible		5 excruciating	PPI _____ Comments: _____  constant _____ periodic _____ brief _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>accompanying symptoms:</td> <td>Sleep:</td> <td>Food intake:</td> </tr> <tr> <td>nausea _____</td> <td>good _____</td> <td>good _____</td> </tr> <tr> <td>headache _____</td> <td>fitful _____</td> <td>some _____</td> </tr> <tr> <td>dizziness _____</td> <td>can't sleep _____</td> <td>little _____</td> </tr> <tr> <td>drowsiness _____</td> <td>Comments: _____</td> <td>none _____</td> </tr> <tr> <td>constipation _____</td> <td></td> <td>Comments: _____</td> </tr> <tr> <td>diarrhea _____</td> <td></td> <td></td> </tr> <tr> <td>Comments: _____</td> <td>Activity:</td> <td>Comments: _____</td> </tr> <tr> <td></td> <td>good _____</td> <td></td> </tr> <tr> <td></td> <td>some _____</td> <td></td> </tr> <tr> <td></td> <td>little _____</td> <td></td> </tr> <tr> <td></td> <td>none _____</td> <td></td> </tr> </table>	accompanying symptoms:	Sleep:	Food intake:	nausea _____	good _____	good _____	headache _____	fitful _____	some _____	dizziness _____	can't sleep _____	little _____	drowsiness _____	Comments: _____	none _____	constipation _____		Comments: _____	diarrhea _____			Comments: _____	Activity:	Comments: _____		good _____			some _____			little _____			none _____	
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Figure 1. Original McGill Pain Questionnaire proposed by Ronald Melzack (6).