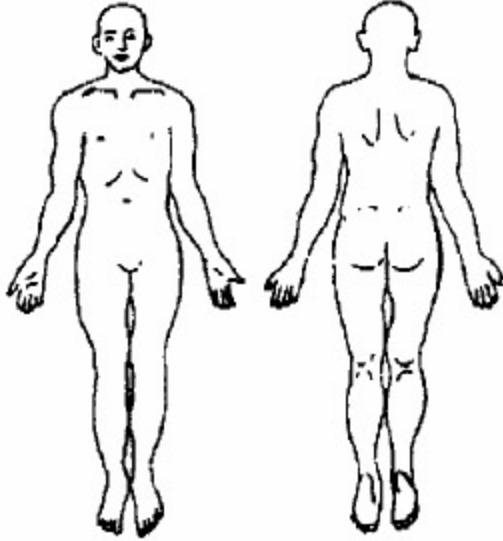


# THE MCGILL PAIN QUESTIONNAIRE (MPQ) – ABBREVIATED

Name \_\_\_\_\_ Number \_\_\_\_\_ Date \_\_\_\_\_

PRI: S \_\_\_\_\_ A \_\_\_\_\_ E \_\_\_\_\_ M(S) \_\_\_\_\_ M(AE) \_\_\_\_\_ M(T) \_\_\_\_\_ PRI(T) \_\_\_\_\_  
 (1-10) (11-15) (16) (17-19) (20) (17-20) (1-20)

- |   |  |  |
|---|--|--|
| 1. Flickering <input type="checkbox"/><br>Quivering <input type="checkbox"/><br>Pulsing <input type="checkbox"/><br>Throbbing <input type="checkbox"/><br>Beating <input type="checkbox"/><br>Pounding <input type="checkbox"/><br><br>2. Jumping <input type="checkbox"/><br>Flashing <input type="checkbox"/><br>Shooting <input type="checkbox"/><br><br>3. Pricking <input type="checkbox"/><br>Boring <input type="checkbox"/><br>Drilling <input type="checkbox"/><br>Stabbing <input type="checkbox"/><br>Lancinating <input type="checkbox"/><br><br>4. Sharp <input type="checkbox"/><br>Cutting <input type="checkbox"/><br>Lacerating <input type="checkbox"/><br><br>5. Pinching <input type="checkbox"/><br>Pressing <input type="checkbox"/><br>Gnawing <input type="checkbox"/><br>Cramping <input type="checkbox"/><br>Crushing <input type="checkbox"/><br><br>6. Tugging <input type="checkbox"/><br>Pulling <input type="checkbox"/><br>Wrenching <input type="checkbox"/><br><br>7. Hot <input type="checkbox"/><br>Burning <input type="checkbox"/><br>Scalding <input type="checkbox"/><br>Searing <input type="checkbox"/><br><br>8. Tingling <input type="checkbox"/><br>Itchy <input type="checkbox"/><br>Smarting <input type="checkbox"/><br>Stinging <input type="checkbox"/><br><br>9. Dull <input type="checkbox"/><br>Sore <input type="checkbox"/><br>Hurting <input type="checkbox"/><br>Aching <input type="checkbox"/><br>Heavy <input type="checkbox"/><br><br>10. Tender <input type="checkbox"/><br>Taut <input type="checkbox"/><br>Rasping <input type="checkbox"/><br>Splitting <input type="checkbox"/><br><br>11. Tiring <input type="checkbox"/><br>Exhausting <input type="checkbox"/><br><br>12. Sickening <input type="checkbox"/><br>Suffocating <input type="checkbox"/> | 13. Fearful <input type="checkbox"/><br>Frightful <input type="checkbox"/><br>Terrifying <input type="checkbox"/><br><br>14. Punishing <input type="checkbox"/><br>Grueling <input type="checkbox"/><br>Cruel <input type="checkbox"/><br>Vicious <input type="checkbox"/><br>Killing <input type="checkbox"/><br><br>15. Wretched <input type="checkbox"/><br>Blinding <input type="checkbox"/><br><br>16. Annoying <input type="checkbox"/><br>Troublesome <input type="checkbox"/><br>Miserable <input type="checkbox"/><br>Intense <input type="checkbox"/><br>Unbearable <input type="checkbox"/><br><br>17. Spreading <input type="checkbox"/><br>Radiating <input type="checkbox"/><br>Penetrating <input type="checkbox"/><br>Piercing <input type="checkbox"/><br><br>18. Tight <input type="checkbox"/><br>Numb <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Squeezing <input type="checkbox"/><br>Tearing <input type="checkbox"/><br><br>19. Cool <input type="checkbox"/><br>Cold <input type="checkbox"/><br>Freezing <input type="checkbox"/><br><br>20. Nagging <input type="checkbox"/><br>Nauseating <input type="checkbox"/><br>Agonizing <input type="checkbox"/><br>Dreadful <input type="checkbox"/><br>Torturing <input type="checkbox"/><br><br><div style="text-align: center;">PPI</div> 0 No Pain <input type="checkbox"/><br>1 Mild <input type="checkbox"/><br>2 Discomforting <input type="checkbox"/><br>3 Distressing <input type="checkbox"/><br>4 Horrible <input type="checkbox"/><br>5 Excruciating <input type="checkbox"/><br><br>Accompanying Symptoms:<br>Nausea <input type="checkbox"/><br>Headache <input type="checkbox"/><br>Dizziness <input type="checkbox"/><br>Drowsiness <input type="checkbox"/><br>Constipation <input type="checkbox"/><br>Diarrhea <input type="checkbox"/> | Sleep:<br>Good <input type="checkbox"/><br>Fitful <input type="checkbox"/><br>Can't Sleep <input type="checkbox"/><br><br><div style="border: 1px solid black; padding: 5px; min-height: 40px;">Comments</div><br><br>Food Intake:<br>Good <input type="checkbox"/><br>Some <input type="checkbox"/><br>Little <input type="checkbox"/><br><br><div style="border: 1px solid black; padding: 5px; min-height: 40px;">Comments</div><br><br>Activity:<br>Good <input type="checkbox"/><br>Some <input type="checkbox"/><br>Little <input type="checkbox"/><br>None <input type="checkbox"/><br><br><div style="text-align: center;">  </div><br><br><div style="border: 1px solid black; padding: 5px; min-height: 40px;">Comments</div><br><br>PPI _____<br><br><div style="border: 1px solid black; padding: 5px; min-height: 40px;">Comments</div><br><br>Good <input type="checkbox"/><br>Some <input type="checkbox"/><br>Little <input type="checkbox"/> |
|---|--|--|

Comments

Reference: Melzack, Ronald.  
 Psychological Aspects of Pain, Pain,  
 1980;8;145 © Elsenier Science Inc.