

### McGill Pain Questionnaire

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Directions: For each of the pain descriptor words listed below, rank each word in relation to  
 I. your current pain level. 0=no pain, 1=mild pain, 2=moderate pain, 3=severe pain.

	None	Mild	Moderate	Severe
1 Throbbing	0) _____	1) _____	2) _____	3) _____
2 Shooting	0) _____	1) _____	2) _____	3) _____
3 Stabbing	0) _____	1) _____	2) _____	3) _____
4 Sharp	0) _____	1) _____	2) _____	3) _____
5 Cramping	0) _____	1) _____	2) _____	3) _____
6 Gnawing	0) _____	1) _____	2) _____	3) _____
7 Hot-Burning	0) _____	1) _____	2) _____	3) _____
8 Aching	0) _____	1) _____	2) _____	3) _____
9 Heavy	0) _____	1) _____	2) _____	3) _____
10 Tender	0) _____	1) _____	2) _____	3) _____
11 Splitting	0) _____	1) _____	2) _____	3) _____
12 Tiring-Exhausting	0) _____	1) _____	2) _____	3) _____
13 Sickening	0) _____	1) _____	2) _____	3) _____
14 Fearful	0) _____	1) _____	2) _____	3) _____
15 Punishing-Cruel	0) _____	1) _____	2) _____	3) _____

II. Please shade in the areas of the diagram that represent where you experience your symptoms

