

MCGILL PAIN QUESTIONNAIRE

Client No.: _____

Age: _____

Sex: M() F()

Date: _____

Please place a check mark (✓) beside each word that describes the pain you typically experience. If you experience more than one type of pain, use check marks to describe the pain that is most problematic.

- 1** FLICKERING
- QUIVERING
- PULSING
- THROBBING
- BEATING
- POUNDING

- 2** JUMPING
- FLASHING
- SHOOTING

- 3** PRICKING
- BORING
- DRILLING
- STABBING
- LANCINATING

- 4** SHARP
- CUTTING
- LACERATING

- 5** PINCHING
- PRESSING
- GNAWING
- CRAMPING
- CRUSHING

- 6** TUGGING
- PULLING
- WRENCHING

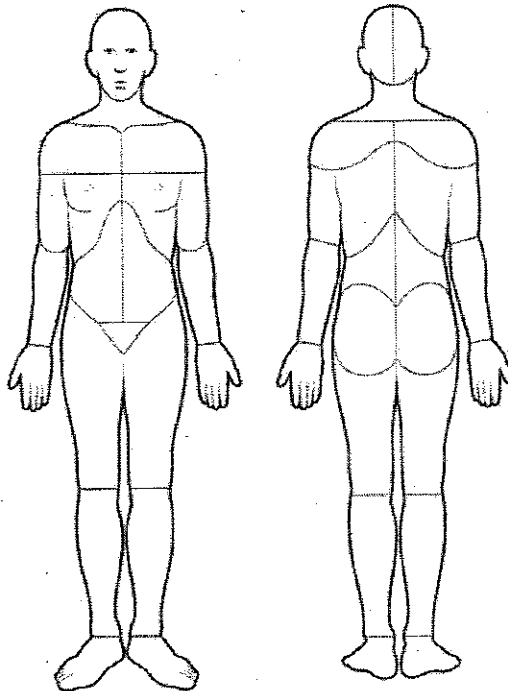
- 7** HOT
- BURNING
- SCALDING
- SEARING

- 8** TINGLING
- ITCHY
- SMARTING
- STINGING

- 9** DULL
- SORE
- HURTING
- ACHING
- HEAVY

- 10** TENDER
- TAUT
- RASPING
- SPLITTING

IN THE DRAWING BELOW, PLEASE 'SHADE IN' THE AREAS THAT CORRESPOND TO WHERE YOU FEEL PAIN.



- 11** TIRING
- EXHAUSTING

- 12** SICKENING
- SUFFOCATING

- 13** FEARFUL
- FRIGHTFUL
- TERRIFYING

- 14** PUNISHING
- GRUELLING
- CRUEL
- VICIOUS
- KILLING

- 15** WRETCHED
- BLINDING

- 16** ANNOYING
- TROUBLESOME
- MISERABLE
- INTENSE
- UNBEARABLE

- 17** SPREADING
- RADIATING
- PENETRATING
- PIERCING

- 18** TIGHT
- NUMB
- DRAWING
- SQUEEZING
- TEARING

- 19** COOL
- COLD
- FREEZING

- 20** NAGGING
- NAUSEATING
- AGONIZING
- DREADFUL
- TORTURING

DATE OF ONSET OF PAIN

____ / ____ / ____
DAY MONTH YEAR

PPI PLEASE CIRCLE A NUMBER TO INDICATE HOW MUCH PAIN YOU ARE EXPERIENCING PRESENTLY

0 1 2 3 4 5 6 7 8 9 10
NO PAIN MILD DISCOMFORTING DISTRESSING HORRIBLE EXCRUCIATING

CURRENT MEDICATION FOR PAIN

▶ _____

▶ _____

▶ _____

Pain Disability Index

Client No.: _____ Age: _____ Sex: M() F() Date: _____

The rating scales below are designed to measure the degree to which several aspects of your life are presently disrupted by persistent pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do, or from doing it as well as you normally would. Respond to each category by indicating the overall impact of pain in your life, not just when the pain is at its worst.

For each of the 7 categories of life activity listed, please circle the number on the scale which describes the level of disability you typically experience. A score of 0 means no disability at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

(1) Family / Home responsibilities

This category refers to activities related to the home or family. It includes chores or duties performed around the house (e.g. yard work) and errands or favours for other family members (e.g. driving the children to school).

0 1 2 3 4 5 6 7 8 9 10
no disability total disability

(2) Recreation

This category includes hobbies, sports, and other leisure time activities.

0 1 2 3 4 5 6 7 8 9 10
no disability total disability

(3) Social Activity

This category refers to activities which involve participation with friends and acquaintances other than family members. It includes parties, theatre, concerts, dining out, and other social functions.

0 1 2 3 4 5 6 7 8 9 10
no disability total disability

(4) Occupation

This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs such as that of a housewife or volunteer work.

0 1 2 3 4 5 6 7 8 9 10
no disability total disability

(5) Sexual behaviour

This category refers to the frequency and quality of one's sex life.

0 1 2 3 4 5 6 7 8 9 10
no disability total disability

(6) Self-care

This category includes activities which involve personal maintenance and independent daily living (e.g. taking a shower, getting dressed, etc.)

0 1 2 3 4 5 6 7 8 9 10
no disability total disability

(7) Life-support Activity

This category refers to basic life-supporting behaviours such as eating, sleeping, and breathing.

0 1 2 3 4 5 6 7 8 9 10
no disability total disability



Client No.: _____ Age: _____ Sex: M() F() Date: _____

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery.

We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

0 – not at all 1 – to a slight degree 2 – to a moderate degree 3 – to a great degree 4 – all the time

When I'm in pain ...

- 1 I worry all the time about whether the pain will end.
- 2 I feel I can't go on.
- 3 It's terrible and I think it's never going to get any better.
- 4 It's awful and I feel that it overwhelms me.
- 5 I feel I can't stand it anymore.
- 6 I become afraid that the pain will get worse.
- 7 I keep thinking of other painful events.
- 8 I anxiously want the pain to go away.
- 9 I can't seem to keep it out of my mind.
- 10 I keep thinking about how much it hurts.
- 11 I keep thinking about how badly I want the pain to stop.
- 12 There's nothing I can do to reduce the intensity of the pain.
- 13 I wonder whether something serious may happen.

...Total

TSK

Client No.: _____ Age: _____ Sex: M() F() Date: _____

INSTRUCTIONS

Please read each of the following statements and circle the number that better represents your feelings.

Strongly disagree
Somewhat disagree
Somewhat agree
Strongly agree

-
- | | | | | |
|--|---|---|---|---|
| 1. I'm afraid that I might injure myself if I exercise | 1 | 2 | 3 | 4 |
| 2. If I were to try to overcome it, my pain would increase | 1 | 2 | 3 | 4 |
| 3. My body is telling me I have something dangerously wrong | 1 | 2 | 3 | 4 |
| 4. My pain would probably be relieved if I were to exercise | 1 | 2 | 3 | 4 |
| 5. People aren't taking my medical condition seriously enough | 1 | 2 | 3 | 4 |
| 6. My accident has put my body at risk for the rest of my life | 1 | 2 | 3 | 4 |
| 7. Pain always means I have injured my body | 1 | 2 | 3 | 4 |
| 8. Just because something aggravates my body does not mean it is dangerous | 1 | 2 | 3 | 4 |
| 9. I am afraid that I might injure myself accidentally | 1 | 2 | 3 | 4 |
| 10. Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening | 1 | 2 | 3 | 4 |
| 11. I wouldn't have this much pain if there weren't something potentially dangerous going on in my body | 1 | 2 | 3 | 4 |
| 12. Although my condition is painful, I would be better off if I were physically active | 1 | 2 | 3 | 4 |
| 13. Pain lets me know when to stop exercising so that I don't injure myself | 1 | 2 | 3 | 4 |
| 14. It's really not safe for a person with a condition like mine to be physically active | 1 | 2 | 3 | 4 |
| 15. I can't do all the things normal people do because it's too easy for me to get injured .. | 1 | 2 | 3 | 4 |
| 16. Even though something is causing me a lot of pain, I don't think it's actually dangerous | 1 | 2 | 3 | 4 |
| 17. No one should have to exercise when he/she is in pain | 1 | 2 | 3 | 4 |
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