



Neuropathic Pain Diagnostic Questionnaire

PATIENT NAME:

GENDER:

DOB:

DATE:

TIME:

Please complete this questionnaire by ticking one answer for each item in the 4 questions below.
A "YES" score of ≥ 4 is diagnostic of Neuropathic Pain.

INTERVIEW OF THE PATIENT

Question 1: Does the pain have one or more of the following characteristics?

	YES	NO
1 - Burning	<input type="checkbox"/>	<input type="checkbox"/>
2 - Painful cold	<input type="checkbox"/>	<input type="checkbox"/>
3 - Electric Shocks	<input type="checkbox"/>	<input type="checkbox"/>

Question 2: Is the pain associated with one or more of the following symptoms in the same area?

	YES	NO
4 - Tingling	<input type="checkbox"/>	<input type="checkbox"/>
5 - Pins and Needles	<input type="checkbox"/>	<input type="checkbox"/>
6 - Numbness	<input type="checkbox"/>	<input type="checkbox"/>
7 - Itching	<input type="checkbox"/>	<input type="checkbox"/>

EXAMINATION OF THE PATIENT

Question 3: Is the pain located in an area where the physical examination may reveal one or more of the following characteristics?

	YES	NO
8 - Touch Hypoaesthesia	<input type="checkbox"/>	<input type="checkbox"/>
9 - Pricking Hypoaesthesia	<input type="checkbox"/>	<input type="checkbox"/>

Question 4: In the painful area, can the pain be caused or increased by:

	YES	NO
10 - Brushing (for example: using a Von Frey Hair brush)	<input type="checkbox"/>	<input type="checkbox"/>

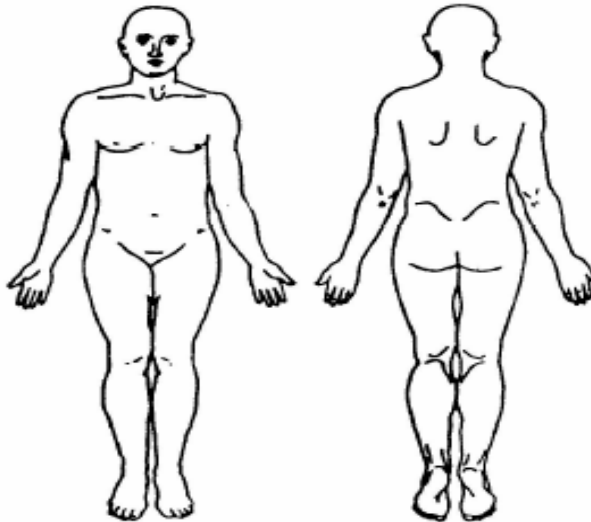


*D. Bouhassira *et al.* *Pain.* 2005 Mar 114(1-2):29-36.

Patient Score:

Assessing Pain

On the diagram below, please shade in the areas where the patient feels pain.



How did the pain develop?

Pain pattern: are there specific times of the day or night when the pain is most intense?

.....

What level of interference does the pain present: (circle one number only)

• General activity	0	1	2	3	4	5	6	7	8	9	10
• Mood	0	1	2	3	4	5	6	7	8	9	10
• Normal work	0	1	2	3	4	5	6	7	8	9	10
• Relationship	0	1	2	3	4	5	6	7	8	9	10
• Sleep	0	1	2	3	4	5	6	7	8	9	10
• Enjoyment of life	0	1	2	3	4	5	6	7	8	9	10

0 = Does not interfere

10 = Completely interferes

What kind of things help ease the pain?.....

What medication or treatment is the patient currently receiving?.....

.....

How much relief has this treatment provided? (circle one number only)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

0% = No relief

100% = Complete relief