PAIN QUESTIONNAIRE

Date: .... **Patient:** **Last name:** .... **First name:** ....

How would you assess your pain **now**, at this moment?

0	1	2	3	4	5	6	7	8	9	10

none max.

How strong was the **strongest** pain during the past 4 weeks?

0	1	2	3	4	5	6	7	8	9	10

none max.

How strong was the pain during the past 4 weeks **on average**?

0	1	2	3	4	5	6	7	8	9	10

none max.

Mark the picture that best describes the course of your pain:

- **Persistent pain with slight fluctuations** ☐
- **Persistent pain with pain attacks** ☐
- **Pain attacks without pain between them** ☐
- **Pain attacks with pain between them** ☐

Please mark with "highlighter" your **main area of pain**

Does your pain radiate to other regions of your body? yes ☐ no ☐

If yes, please draw the direction in which the pain radiates.

Question	never	hardly noticed	slightly	moderately	strongly	very strongly
Do you suffer from a burning sensation (e.g., stinging nettles) in the marked areas?	☐	☐	☐	☐	☐	☐
Do you have a tingling or prickling sensation in the area of your pain (like crawling ants or electrical tingling)?	☐	☐	☐	☐	☐	☐
Is light touching (clothing, a blanket) in this area painful?	☐	☐	☐	☐	☐	☐
Do you have sudden pain attacks in the area of your pain, like electric shocks?	☐	☐	☐	☐	☐	☐
Is cold or heat (bath water) in this area occasionally painful?	☐	☐	☐	☐	☐	☐
Do you suffer from a sensation of numbness in the areas that you marked?	☐	☐	☐	☐	☐	☐
Does slight pressure in this area, e.g., with a finger, trigger pain?	☐	☐	☐	☐	☐	☐

(To be filled out by the physician)

never	hardly noticed	slightly	moderately	strongly	very strongly
☐ x 0 = 0	☐ x 1 = ☐	☐ x 2 = ☐☐	☐ x 3 = ☐☐	☐ x 4 = ☐☐	☐ x 5 = ☐☐

Total score ☐☐ **out of 35**

R. Freynhagen, R. Baron, U. Gockel,T.R. Tölle, CurrMed ResOpin Vol 22, 2006, 1911-1920
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SCORING OF PAIN QUESTIONNAIRE

Date:	Patient: Last name:	First name:

Please transfer the total score from the pain questionnaire:

Total score ☐☐

Please add up the following numbers, depending on the marked pain behavior pattern and the pain radiation. Then total up the final score:

Pattern	Description	Score	
	Persistent pain with slight fluctuations	0	
	Persistent pain with pain attacks	-1	if marked, or
	Pain attacks without pain between them	+1	if marked, or
	Pain attacks with pain between them	+1	if marked
	Radiating pains?	+2	if yes

Final score ☐☐

Screening Result

on the presence of a neuropathic pain component

negative	unclear	positive
0 1 2 3 4 5 6 7 8 9 10 11 12	13 14 15 16 17 18	19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38
A neuropathic pain component is unlikely (< 15%)	Result is ambiguous, however a neuropathic pain component can be present	A neuropathic pain component is likely (> 90%)

This sheet does not replace medical diagnostics.
It is used for screening the presence of a neuropathic pain component.

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