



# PAINXCHANGE

TAILORING PAIN MANAGEMENT ONLINE

## Appendix 3

### DN4 Neuropathic Pain Diagnostic Questionnaire

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Please complete this questionnaire by ticking one answer for each item in the four questions below:

A “YES” score of  $\geq 4$  is diagnostic of Neuropathic Pain.

Patient Name:	_____
Gender:	_____
DOB:	_____
Date:	_____
Time:	_____

### Interview of the patient

<b>Question 1</b>	<p><b>Does the pain have one or more of the following characteristics?</b></p> <p>1. Burning <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Painful cold <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Electric shocks <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Question 2</b>	<p><b>Is the pain associated with one or more of the following symptoms in the same area?</b></p> <p>4. Tingling <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Pins and needles <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Numbness <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Itching <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

### Examination of the patient

<b>Question 3</b>	<p><b>Is the pain located in an area where the physical examination may reveal one or more of the following characteristics?</b></p> <p>8. Hypoesthesia to touch <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Hypoesthesia to prick <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Question 4</b>	<p><b>In the painful area, can the pain be caused or increased by:</b></p> <p>10. Brushing <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Patient Score: /10**