painDETECT

# 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

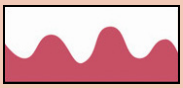
none max.

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

**Persistent pain with slight fluctuations** ☐

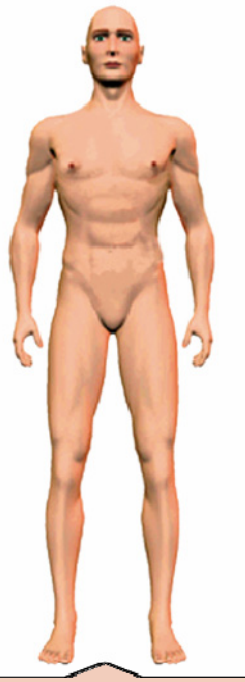
**Persistent pain with pain attacks** ☐

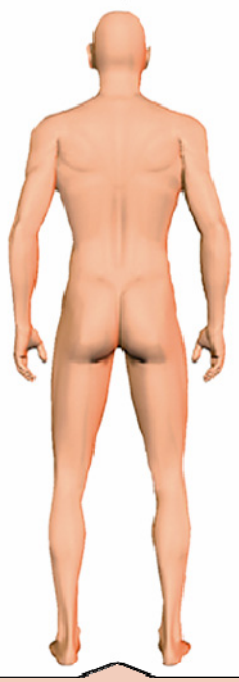
**Pain attacks without pain between them** ☐



**Pain attacks with pain between them** ☐

Please mark 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.

**Do you suffer from a burning sensation (e.g., stinging nettles) in the marked areas?**

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

**Do you have a tingling or prickling sensation in the area of your pain (like crawling ants or electrical tingling)?**

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

**Is light touching (clothing, a blanket) in this area painful?**

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

**Do you have sudden pain attacks in the area of your pain, like electric shocks?**

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

**Is cold or heat (bath water) in this area occasionally painful?**

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

**Do you suffer from a sensation of numbness in the areas that you marked?**

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

**Does slight pressure in this area, e.g., with a finger, trigger pain?**

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☐

(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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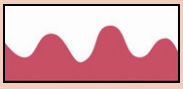
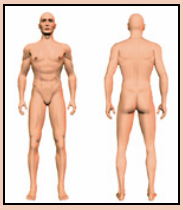
# SCORING OF PAIN QUESTIONNAIRE

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

**Please transfer the total score from the pain questionnaire:**

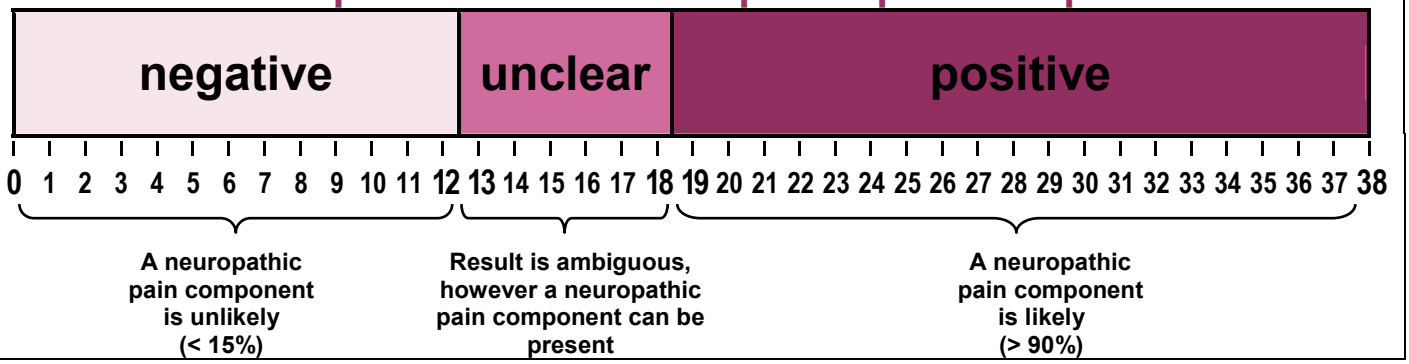
**Total score** ☐☐

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

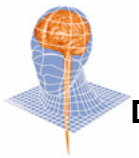
| | | | |
|---|---|---|---|
|  | Persistent pain with slight fluctuations | 0 | |
|  | Persistent pain with pain attacks | -1 | if marked, or |
|  | Pain attacks without pain between them | +1 | if marked, or |
|  | Pain attacks with pain between them | +1 | if marked |
|  | Radiating pains? | +2 | if yes |
| | **Final score** | ☐☐ | |

## Screening Result

### on the presence of a neuropathic pain component




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



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