

Neuropathic pain tool patient

DN4

Patient assessment	YES	NO
Please tick X the box that best describes the pain you have at present. Please give to your doctor or nurse when completed		
Question 1: <i>Does the pain have one or more of the following characteristics?</i> Burning Painful cold Electric shocks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Question 2: <i>Is the pain associated with one or more of the following symptoms in the same area?</i> Tingling Pins and needles Numbness Itching	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Neuropathic pain tool clinician

DN4

Clinician assessment using pin, touch and brush	YES	NO
Question 3: <i>Is the pain located in an area where the physical examination reveals one or more of the following characteristics?</i> Hypoaesthesia to touch (reduced sensation) Hypoaesthesia to pin prick (reduced sensation)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Question 4: <i>In the painful area, can the pain be caused or increased by:</i> Brushing (with a brush or cotton wool)	<input type="checkbox"/>	<input type="checkbox"/>

Score total: []

Yes = 1, No = 0 Score > than **4** is likely to be diagnostic of neuropathic pain