

DN4 - QUESTIONNAIRE

To estimate the probability of neuropathic pain, please answer yes or no for each item of the following four questions

PATIENT INTERVIEW

Question 1:

Does the pain have one or more of the following characteristics?

Yes No

- | | | |
|--------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Burning | <input type="checkbox"/> | <input type="checkbox"/> |
| Painful cold | <input type="checkbox"/> | <input type="checkbox"/> |
| Electric shocks | | |

Question 2

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

Yes No

- | | | |
|------------------------|--------------------------|--------------------------|
| Tingling..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Pins and needles | <input type="checkbox"/> | <input type="checkbox"/> |
| Numbness..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Itching..... | <input type="checkbox"/> | <input type="checkbox"/> |

PATIENT EXAMINATION

Question 3:

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

Yes No

- | | | |
|----------------------------|--------------------------|--------------------------|
| Hypoesthesia to touch..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Hypoesthesia to prick..... | <input type="checkbox"/> | <input type="checkbox"/> |

Question 4

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

Yes No

- | | | |
|----------------|--------------------------|--------------------------|
| Brushing?..... | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------|--------------------------|--------------------------|

The total score is calculated as the sum of 10 items and the cut off value for the diagnosis of neuropathic pain is a score of 4 or greater

Yes = 1 point, No = 0 point **Patient score = / 10**