



Questionnaire DN4

Please complete this questionnaire by ticking one answer for each item in the 4 questions below:

INTERVIEW OF THE PATIENT

Question 1: Does the pain have one or more of the following characteristics?

	YES	NO
1 - Burning	<input type="checkbox"/>	<input type="checkbox"/>
2 - Painful cold	<input type="checkbox"/>	<input type="checkbox"/>
3 - Electric Shocks	<input type="checkbox"/>	<input type="checkbox"/>

Question 2: Is the pain associated with one or more of the following symptoms in the same area?

	YES	NO
4 - Tingling	<input type="checkbox"/>	<input type="checkbox"/>
5 - Pins and Needles	<input type="checkbox"/>	<input type="checkbox"/>
6 - Numbness	<input type="checkbox"/>	<input type="checkbox"/>
7 - Itching	<input type="checkbox"/>	<input type="checkbox"/>

EXAMINATION OF THE PATIENT

Question 3: Is the pain located in an area where the physical examination reveals one or more of the following characteristics?

	YES	NO
8 - Touch Hypoesthesia	<input type="checkbox"/>	<input type="checkbox"/>
9 - Pricking Hypoesthesia	<input type="checkbox"/>	<input type="checkbox"/>

Question 4: In the painful area, can the pain be caused or increased by:

	YES	NO
10 - Brushing	<input type="checkbox"/>	<input type="checkbox"/>

Patient Score: /10



Questionnaire DN4 - Interview

Please complete this questionnaire by ticking one answer for each item in the 2 questions below:

Question 1: Does the pain have one or more of the following characteristics?

	YES	NO
1 - Burning	<input type="checkbox"/>	<input type="checkbox"/>
2 - Painful cold	<input type="checkbox"/>	<input type="checkbox"/>
3 - Electric Shocks	<input type="checkbox"/>	<input type="checkbox"/>

Question 2: Is the pain associated with one or more of the following symptoms in the same area?

	YES	NO
4 - Tingling	<input type="checkbox"/>	<input type="checkbox"/>
5 - Pins and Needles	<input type="checkbox"/>	<input type="checkbox"/>
6 - Numbness	<input type="checkbox"/>	<input type="checkbox"/>
7 - Itching	<input type="checkbox"/>	<input type="checkbox"/>

Patient Score: