

Neuropathic Pain Tool (Patient)

Patient Assessment	YES	NO
Please put an 'X' in 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 <input type="checkbox"/> <input type="checkbox"/> Painful cold <input type="checkbox"/> <input type="checkbox"/> Electric shocks <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 <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"/>		

Neuropathic Pain Tool (Clinician)

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) <input type="checkbox"/> <input type="checkbox"/> Hypoaesthesia to pin prick (reduced sensation) <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