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  

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  |  x 1  |  x 2  |  x 3  |  x 4  |  x 5  |
|------|------|------|------|------|------|
|  0   |  1   |  2   |  3   |  4   |  5   |

Total score out of 35

Development/Reference: R. Freynhagen, R. Baron, U. Gockel, T.R. Tölle / Curr Med Res Opin, Vol.22, No. 10 (2006) ©2005 Pfizer Pharma GmbH

painDETECT questionnaire, ©2005 Pfizer Pharma GmbH, used with permission.
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**

| Final score | nociceptive | unclear | neuropathic |
|-------------|-------------|---------|-------------|
| 0-12        | 13-17       | 18-38   |

- A neuropathic pain component is unlikely (< 15%)
- Result is ambiguous, however a neuropathic pain component can be present
- A neuropathic pain component is likely (> 90%)

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

Development/Reference: R. Freynhagen, R. Baron, U. Gockel, T.R. Tölle / Curr Med Res Opin, Vol.22, No. 10 (2006)

©2005 Pfizer Pharma GmbH