

Questionnaire DN4

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

YES NO	INTERVIEW OF THE PATIENT		
1-Burning	Question 1: Does the pain have one or more of the	ne following characteristics?	
1 - Burning			NO
2 - Painful cold	1 - Rurning	_	_
3 - Electric Shocks		_	
Question 2: Is the pain associated with one or more of the following symptoms in the same area? YES NO 4 - Tingling		_	<u> </u>
YES NO 4 - Tingling	3 - Electric Shocks		
YES NO 4 - Tingling	O		2
4 - Tingling	Question 2: Is the pain associated with one or mo	ore of the following symptoms in th	e same area?
5 - Pins and Needles		YES	NO
6 - Numbness	4 - Tingling		
7 - Itching	5 - Pins and Needles		
Partial State pain located in an area where the physical examination reveals one or more of the following characters: YES	6 - Numbness		
Question 3: Is the pain located in an area where the physical examination reveals one or more of the following characters. 8 - Touch Hypoesthesia	7 - Itching		
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8 - Touch Hypoesthesia		the physical eventination reveals	and an arrange of the fellowing char
8 - Touch Hypoesthesia	Question 5. Is the pain located in an area where	the physical examination reveals t	one of more of the following chan
9 - Pricking Hypoesthesia Question 4: In the painful area, can the pain be caused or increased by: YES NO		YES	NO
Question 4: In the painful area, can the pain be caused or increased by: YES NO	8 - Touch Hypoesthesia		
YES NO	9 - Pricking Hypoesthesia		
YES NO			
	Question 4: In the painful area, can the pain be caused or increased by:		
10 - Brushing		YES	NO
	10 - Brushing		

Patient Score: /10