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	❒	❒
2 - Painful cold	❒	❒
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	❒	❒
5 - Pins and Needles	❒	❒
6 - Numbness	❒	❒
7 - Itching	❒	❒

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	❒	❒
9 - Pricking Hypoesthesia	❒	❒

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

	YES	NO
10 - Brushing	❒	❒

Patient Score: /10

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