

DN4 questionnaire

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?

- 1- Burning
- 2- Painful cold
- 3- Electrics shocks

Yes	No

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

- 4- Tingling
- 5- Pins and needles
- 6- Numbless
- 7- Itching

Yes	NO

EXAMINATION OF THE PATIENTS

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

- 8- Hypoesthesia to touch
- 9- Hypoesthesia to prick

Yes	No

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

- 10- Brushing

Yes	No