DN4 Questionnaire

DN4 Questionnaire

Name: _____ **Age:** _____

Gender:

◯ Male ◯ Female ◯ Other

Date: _____ dd / mm / yyyy

To estimate the probability of neuropathic pain, please answer yes or no for each item of the following four questions.

INTERVIEW OF THE PATIENT

Question 1: Does the pain have one or more of the following characteristics?

Burning:

◯ Yes ◯ No

Painful cold:

◯ Yes ◯ No

Electric shocks:

◯ Yes ◯ No

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

Tingling:

◯ Yes ◯ No

Pins and needles:

◯ Yes ◯ No

Numbness:

◯ Yes ◯ No

Itching:

◯ Yes ◯ No

EXAMINATION OF THE PATIENT

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

Hypoesthesia to touch:

◯ Yes ◯ No

Hypoesthesia to pinprick:

◯ Yes ◯ No

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

Brushing?

◯ Yes ◯ No

SCORING

YES = 1 point | NO = 0 point

Patient's score: _____