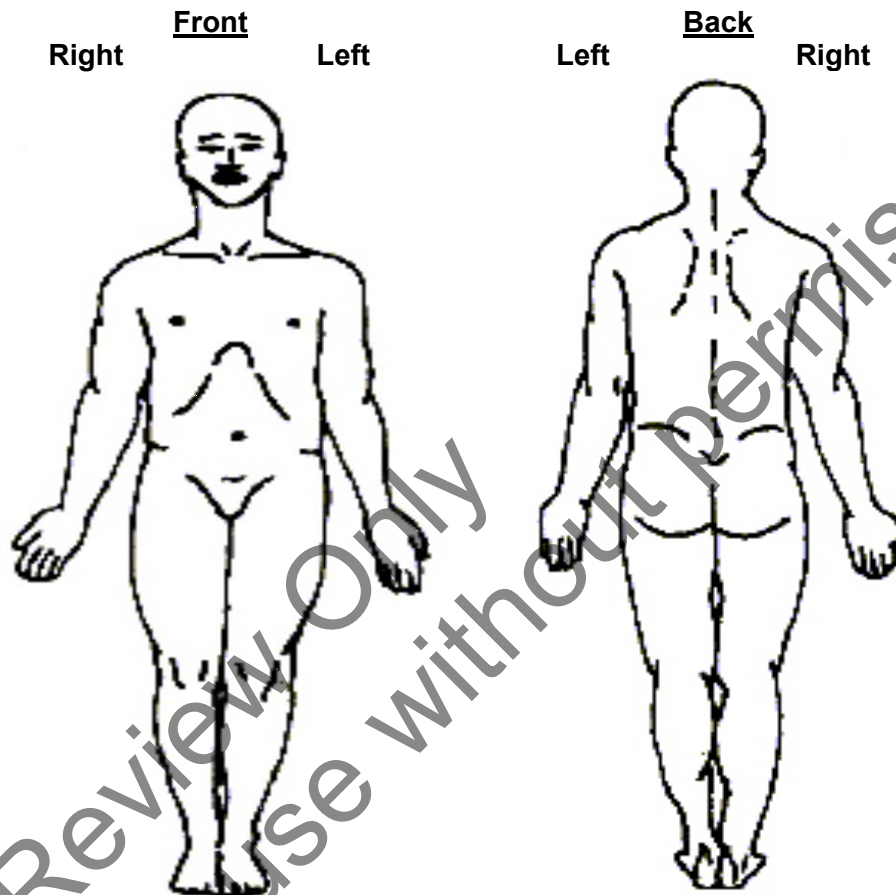


ID Pain: Neuropathic Pain Screening Tool

Do you have pain?	<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No
Do you have pain other than headache?	<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No

} If **NO**, Please **STOP**.

On the diagram below, shade in the areas where you feel pain. If you have more than one painful area, circle the area that bothers you the most.



Mark Yes to the following items that describe your pain over the past week, and No to the ones that do not. If you have more than one painful area consider **only the area circled above**.

1. Did the pain feel like pins and needles ?	<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No
2. Did the pain feel hot/burning ?	<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No
3. Did the pain feel numb ?	<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No
4. Did the pain feel like electrical shocks ?	<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No
5. Is the pain made worse with the touch of clothing or bed sheets ?	<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No
6. Is the pain limited to your joints ?	<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No