

DN4 Questionnaire

Name: _____ Age: _____

Gender: Male Female Other: _____ Date: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Painful cold <input type="checkbox"/> Yes <input type="checkbox"/> No	Electric shocks <input type="checkbox"/> Yes <input type="checkbox"/> No	
Question 2: Is the pain associated with one or more of the following symptoms in the same area?			
Tingling <input type="checkbox"/> Yes <input type="checkbox"/> No	Pins and needles <input type="checkbox"/> Yes <input type="checkbox"/> No	Numbness <input type="checkbox"/> Yes <input type="checkbox"/> No	Itching <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Hypoesthesia to pinprick <input type="checkbox"/> Yes <input type="checkbox"/> No	
Question 4: In the painful area, can the pain be caused or increased by: Brushing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
YES = 1 point NO = 0 point			
Patient's score:			

Reference:

Agency for Clinical Innovation. DN4 Questionnaire. https://aci.health.nsw.gov.au/__data/assets/pdf_file/0014/212900/DN4_Assessment_Tool.pdf