
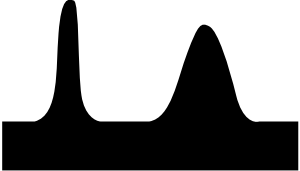

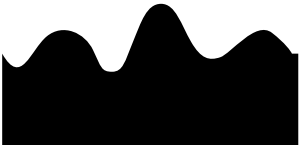


PainDETECT Questionnaire for Chronic Pain in Spine

Name: _____ **Gender:** Male Female Prefer not to say
Date of assessment: _____ **Contact information:** _____

Rate the severity of your pain	Never 0	Hardly noticed 1	Slightly 2	Moderately 3	Strongly 4	Very strongly 5
Do you suffer from a burning sensation (e.g. stinging nettles) in the marked areas?						
Do you have a tingling or prickling sensation in the area of your pain (like crawling ants or electrical tingling)?						
Is light touching (clothing, a blanket) in this area painful?						
Do you have sudden pain attacks in the area of your pain, like electric shocks?						
Is cold or heat (bath water) in this area occasionally painful?						
Do you suffer from a sensation of numbness in the areas that you marked?						
Does slight pressure in this area, e.g. with a finger, trigger pain?						

Please select the picture that best describes the time course of your pain	No	Yes
Persistent pain with slight fluctuations: 	0	0
Persistent pain with pain attacks: 	0	-1
Pain attacks without pain between them: 	0	+1
Pain attacks with pain between them: 	0	+1
Does your pain radiate to other regions of your body?	0	2
Total score:		

References

Bohlega, S., Alsaadi, T., Amir, A., Hosny, H., Karawagh, A., Moulin, D., Riachi, N., Salti, A., & Shelbaya, S. (2010). Guidelines for the pharmacological treatment of peripheral neuropathic pain: Expert panel recommendations for the Middle East Region. *Journal of International Medical Research*, 38(2), 295–317. <https://doi.org/10.1177/147323001003800201>

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