
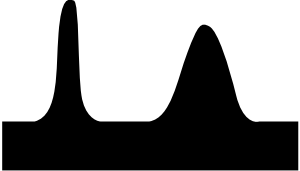

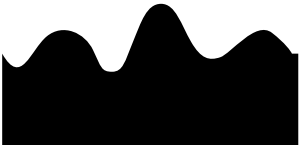


PainDETECT Questionnaire for Chronic Pain in Spine

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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