



NEUROPATHIC PAIN EVALUATION

PLEASE PRINT
CLEARLY

Today's Date

PATIENT

Name _____ DOB _____

1. Please use the scale below to tell us how intense your pain is. Check the box of the number that best describes the intensity of your pain

No pain

0	1	2	3	4	5	6	7	8	9	10
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The most intense pain
sensation imaginable

2. Please use the scale below to tell us how sharp your pain feels. Words used to describe "sharp" feelings include "like a knife," "like a spike," "jabbing" or "like jolts."

Not sharp

0	1	2	3	4	5	6	7	8	9	10
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The most sharp
sensation imaginable
("like a knife")

3. Please use the scale below to tell us how hot your pain feels. Words used to describe very hot pain include "burning" and "on fire."

Not hot

0	1	2	3	4	5	6	7	8	9	10
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The most hot
sensation imaginable
("on fire")

4. Please use the scale below to tell us how dull your pain feels. Words used to describe very dull pain include "like a dull toothache," "aching" and "like a bruise."

Not dull

0	1	2	3	4	5	6	7	8	9	10
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The most dull
sensation imaginable

5. Please use the scale below to tell us how cold your pain feels. Words used to describe very cold pain include "like ice" and "freezing."

Not cold

0	1	2	3	4	5	6	7	8	9	10
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The most cold
sensation imaginable
("freezing")

6. Please use the scale below to tell us how sensitive your skin is to light touch or clothing. Words used to describe sensitive skin include "like sunburned skin" and "raw skin."

Not sensitive

0	1	2	3	4	5	6	7	8	9	10
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The most itchy
sensation imaginable
("like poison oak")

7. Please use the scale below to tell us how itchy your pain feels. Words used to describe very itchy pain include "like poison oak" and "like a mosquito bite."

Not itchy

0	1	2	3	4	5	6	7	8	9	10
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The most itchy
sensation imaginable
("like poison oak")

8. Which of the following best describes the time quality of your pain? *Please check only one answer.*

I feel a background pain all of the time and occasion flare-ups (break-through pain) some of the time.

Describe the background pain: _____

Describe the flare-up (break-through) pain: _____

I feel a single type of pain all of the time. Describe this pain: _____

I feel a single type of pain only sometimes. Other times, I am pain free. Describe this occasional pain: _____
