

Date: \_\_\_\_\_ Patient: Last name: \_\_\_\_\_ First name: \_\_\_\_\_

How would you assess your pain now, at this moment?



How strong was the strongest pain during the past 4 weeks?



How strong was the pain during the past 4 weeks on average?



Mark the picture that best describes the course of your pain:



Persistent pain with slight fluctuations



Persistent pain with pain attacks

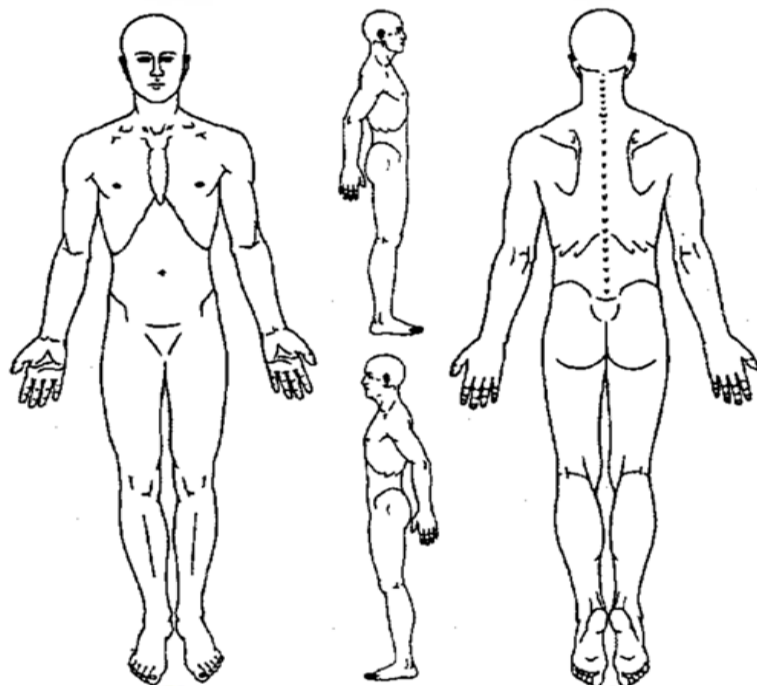


Pain attacks without pain between them



Pain attacks with pain between them

Please mark your main area of pain



Does your pain radiate to other regions of your body? yes  no

If yes, please draw the direction in which the pain radiates.

Do you suffer from a burning sensation (e.g., stinging nettles) in the marked areas?

never  hardly noticed  slightly  moderately  strongly  very strongly

Do you have a tingling or prickling sensation in the area of your pain (like crawling ants or electrical tingling)?

never  hardly noticed  slightly  moderately  strongly  very strongly

Is light touching (clothing, a blanket) in this area painful?

never  hardly noticed  slightly  moderately  strongly  very strongly

Do you have sudden pain attacks in the area of your pain, like electric shocks?

never  hardly noticed  slightly  moderately  strongly  very strongly

Is cold or heat (bath water) in this area occasionally painful?

never  hardly noticed  slightly  moderately  strongly  very strongly

Do you suffer from a sensation of numbness in the areas that you marked?

never  hardly noticed  slightly  moderately  strongly  very strongly

Does slight pressure in this area, e.g., with a finger, trigger pain?

never  hardly noticed  slightly  moderately  strongly  very strongly

(To be filled out by the physician)

never      hardly noticed      slightly      moderately      strongly      very strongly

x 0 =      x 1 =      x 2 =       x 3 =       x 4 =       x 5 =

Total score   out of 35