



LANSS pain scale/DN4 questionnaire
(one body part per form).

Orthopedic Clinic

Name: _____

Appointment Date: _____

Please indicate ONE body part: R / L _____

Please rate your pain within the past week on a scale of 1-10, with 10 being the worst.

- ◆ My WORST pain level has been (circle one): 1 2 3 4 5 6 7 8 9 10
- ◆ My LOWEST pain level has been (circle one): 1 2 3 4 5 6 7 8 9 10
- ◆ My AVERAGE pain level is (circle one): 1 2 3 4 5 6 7 8 9 10

LANSS

Symptom/Sign	Please Circle Yes/No	
Does the pain feel like strange unpleasant sensations, such as pricking or tingling?	Y / N	5
Do painful areas look different (mottled, more red/pink than usual)?	Y / N	5
Is the area abnormally sensitive to touch (lightly touched/light clothes)?	Y / N	3
Do you have sudden burst of pain (electric shocks, "jumping")?	Y / N	2
Does the skin temperature in the painful area feel abnormal (hot, cold)?	Y / N	1

DN4

Does the pain have the following characteristics?	Please Circle Yes/No	
Burning?	Y / N	
Painful cold?	Y / N	
Electric Shocks?	Y / N	
Tingling?	Y / N	
Pins & Needles?	Y / N	
Numbness?	Y / N	
Itching?	Y / N	

DO NOT MARK BELOW THIS LINE. FOR PHYSICIAN EXAM ONLY.

LANSS

<i>Exam: Does stroking the affected area feel sharper or duller when compared to an area of normal skin?</i>	Y	N	5
<i>Exam: Does a pinprick at the affected area feel sharper or duller when compared to an area of normal skin?</i>	Y	N	3
<i>0-12 = likely nociceptive, score > 12 likely neuropathic</i>	Y	N	

DN4

<i>Exam: Decrease in touch sensation (soft brush)?</i>	Y	N	
<i>Exam: Decrease in prick sensation (von Frey hair #13)?</i>	Y	N	
<i>Exam: Does the movement of a soft brush in the area cause of increase pain?</i>	Y	N	
<i>0-3 = likely nociceptive pain. >4 = likely neuropathic pain</i>	Y	N	