





painDetect Questionnaire

Item	Score
<i>Gradation of pain*</i>	
• Do you suffer from a burning sensation (e.g. stinging nettles) in the marked areas?	0-5
• Do you have a tingling or prickling sensation in the area of your pain (like crawling ants or electrical tingling)?	0-5
• Is light touching (clothing, a blanket) in this area painful?	0-5
• Do you have sudden pain attacks in the area of your pain, like electric shocks?	0-5
• Is cold or heat (bath water) in this area occasionally painful?	0-5
• Do you suffer from a sensation of numbness in the areas that you marked?	0-5
• Does slight pressure in this area, e.g. with a finger, trigger pain?	0-5
<i>Pain course pattern</i>	
Please select the picture that best describes the course of your pain:	
 Persistent pain with slight fluctuations	0
 Persistent pain with pain attacks	-1
 Pain attacks without pain between them	+1
 Pain attacks with pain between them	+1
<i>Radiating pain</i>	
Does your pain radiate to other regions of your body? Yes/No	+2/0

*For each question: never, 0; hardly noticed, 1; slightly, 2; moderately, 3; strongly, 4; very strongly, 5

Questions used to document pain, but which were not used in the scoring, are not shown