

You may be suffering from pain due to injury or disease of the nervous system. This pain may be of several types. You may have spontaneous pain, i.e. pain in the absence of any stimulation, which may be long-lasting or occur as brief attacks. You may also have pain provoked or increased by brushing, pressure, or contact with cold in the painful area. You may feel one or several types of pain. This questionnaire has been developed to help your doctor to better evaluate and treat various types of pain you feel.

We wish to know if you feel spontaneous pain, that is pain without any stimulation. For each of the following questions, please select the number that best describes your *average spontaneous pain severity during the past 24 h*. Select the number 0 if you have not felt such pain (circle one number only).

Q1. Does your pain feel like burning?

No burning.	0	1	2	3	4	5	6	7	8	9	10	Worst burning imaginable.
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Q2. Does your pain feel like squeezing?

No squeezing.	0	1	2	3	4	5	6	7	8	9	10	Worst squeezing imaginable.
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Q3. Does your pain feel like pressure?

No pressure.	0	1	2	3	4	5	6	7	8	9	10	Worst pressure imaginable.
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Q4. *During the past 24 h*, your spontaneous pain has been present:

Select the *response* that best describes your case

Permanently	
Between 8 and 12h	
Between 4 and 7h	
Between 1 and 3h	

We wish to know if you have brief attacks of pain. For each of the following questions, please select the number that best describes the *average severity of your painful attacks during the past 24 h*. Select the number 0 if you have not felt such pain (circle one number only).

Q5. Does your pain feel like electric shocks?

No electric shocks.	0	1	2	3	4	5	6	7	8	9	10	Worst electric shocks imaginable.
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Q6. Does your pain feel like stabbing?

No stabbing.	0	1	2	3	4	5	6	7	8	9	10	Worst stabbing imaginable.
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Q7. During the past 24 h, how many of these pain attacks have you had?

Select the *response* that best describes your case:

More than 20.	
Between 11 and 20.	
Between 6 and 10.	
Between 1 and 5.	

We wish to know if you feel pain provoked or increased by brushing, pressure, contact with cold or warmth on the painful area. For each of the following questions, please select the number that best describes the *average severity of your provoked pain during the past 24 h*. Select the number 0 if you have not felt such pain (circle one number only).

Q8. Is your pain provoked or increased by brushing on the painful area?

No pain.	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable.
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Q9. Is your pain provoked or increased by pressure on the painful area?

No pain.	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable.
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Q10. Is your pain provoked or increased by contact with something cold on the painful area?

No pain.	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable.
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We wish to know if you feel abnormal sensations *in the painful area*. For each of the following questions, please select the number that best describes the *average severity of your abnormal sensations during the past 24 h*. Select the number 0 if your have not felt such sensation (circle one number only).

Q11. Do you feel pins and needles?

No pins and needles.	0	1	2	3	4	5	6	7	8	9	10	Worst pins and needles imaginable.
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Q12. Do you feel tingling?

No tingling.	0	1	2	3	4	5	6	7	8	9	10	Worst tingling imaginable.
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