**Neuropathy Pain Scale**

(Galer BS, Jensen MP. Development and preliminary validation of a pain measure specific to Neuropathic pain: The Neuropathic Pain Scale. *Neurology.* 1997; 48(1):332-338)

*Instructions:* There are several different aspects of pain which we are interested in measuring: pain **sharpness**, **heat/cold**, **dullness**, **intensity**, overall **unpleasantness**, and **surface vs deep** pain.

The distinction between these aspects of pain might be clearer if you think of taste. For example, people might agree on how *sweet* a piece of pie might be (the *intensity* of the sweetness), but some might enjoy it more if it were sweeter while others might prefer it to be less sweet. Similarly, people can judge the loudness of music and agree on what is more quiet and what is louder, but disagree on how it makes them feel. Some prefer quiet music and some prefer it more loud. In short, the *intensity* of a sensation is not the same as how it makes you feel. A sound might be unpleasant and still be quiet (think of someone grating their fingernails on a chalkboard). A sound can be quiet and “dull” or loud and “dull.”

Pain is the same. Many people are able to tell the difference between many aspects of their pain: for example, *how much* it hurts and *how unpleasant* or annoying it is. Although often the intensity of pain has a strong influence onhow unpleasant the experience of pain is, some people are able to experience more pain than others before they feelvery bad about it. There are scales for measuring different aspects of pain. For one patient, a pain might feel extremely hot, but not atall dull, while another patient may not experience any heat, but feel like their pain is very dull. We expect you torate very high on some of the scales below and very low on others. We want you to use the measures that follow to tell us exactly what you experience.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please use the scale below to tell us how ***intense*** your pain is. Place an "X" through the number that best describes the intensity of your pain

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Pain The most ***intense*** pain sensation imaginable

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Pain The most ***sharp*** sensation imaginable "like a knife"

1. 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"

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Pain The most ***hot*** sensation imaginable "on fire"

1. 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", "dull pain", "aching" and "like a bruise"

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Pain The most ***dull*** sensation imaginable

1. Please use the scale below to tell us how ***cold*** your hands feel. Words used to describe very cold pain include "like ice" and "freezing"

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Pain The most ***cold*** sensation imaginable "freezing"

1. 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 sunburnt skin" and "raw skin".

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Pain The most ***sensitive*** sensation imaginable "raw skin"

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Pain The most ***itchy*** sensation imaginable "like poison oak"

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

I feel a background ***pain all of the time*** and occasional flare-ups (break-though) ***some of the time***:

1. Describe the background pain

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1. Describe the flare-up (break through) pain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I feel a single type of pain ***all the time.***

1. Describe this pain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I feel a single type of pain only ***sometimes***. Other times, I am pain free

1. Describe this occasional pain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Now that you have told us the different physical aspects of your pain, the different types of sensation, we want you to tell us overall how unpleasant your pain is to you. Words used to describe very unpleasant pain include “miserable” and “intolerable”. Remember, pain can have a low intensity, but still feel extremely unpleasant, and some kinds of pain can have a high intensity but be very tolerable. With this scale, please tell us how unpleasant your pain feels.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Pain The most ***unpleasant*** sensation imaginable "intolerable"

1. Lastly we want you to give us an estimate of the severity of your deep versus surface pain. We want you to rate each location of pain separately. We realise that it can be difficult to make these estimates, and most likely it will be a “best guess”, but please give us your estimate.

***HOW INTENSE IS YOUR DEEP PAIN?***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Pain The most ***intense deep*** pain sensation imaginable

***HOW INTENSE IS YOUR SURFACE PAIN?***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Pain The most ***intense surface*** pain sensation imaginable