

Clinical Assessment:

Sensory Examination in Painful Neuropathy

Patient assessment form

Patient name: _____
 HRN/File #: _____
 Health card number: _____
 Contact information: _____

 Phone number: _____
 Date: _____

DN 4 - Questionnaire¹

Please complete this questionnaire by checking yes or no for each item of the following four questions.

INTERVIEW OF THE PATIENT

Question 1: Does the pain have one of the following characteristics?

- | | | |
|--------------------|------------------------------|-----------------------------|
| 1) Burning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Painful cold | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Electric shocks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Question 2: Is the pain associated with one or more of the following symptoms in the same area?

- | | | |
|---------------------|------------------------------|-----------------------------|
| 4) Tingling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Pins and needles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Numbness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Itching | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EXAMINATION OF THE PATIENT

Question 3: Is the pain located in an area where the physical examination may reveal one or more of the following characteristics?

- | | | |
|--------------------------|------------------------------|-----------------------------|
| 8) Hypoesthesia to touch | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9) Hypoesthesia to prick | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Question 4: In the painful area, can the pain be caused or increased by:

- | | | |
|--------------|------------------------------|-----------------------------|
| 10) Brushing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--------------|------------------------------|-----------------------------|

All neurological examinations for neuropathic pain should include quantification and mapping of:

- Sensory response
- Motor response
- Autonomic phenomena

Yes = 1 point No = 0 points

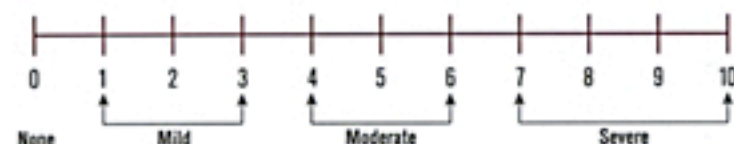
PATIENT'S SCORE: _____ /10

If the patient's score is equal to or greater than 4, the test is positive. (sensitivity: 82.9%; specificity: 89.9%)

Pain intensity

Rate the intensity of the patient's pain in the scale below^{2,4}:

0-10 pain rating (11-point scale)



- | | |
|----------|--------------------------|
| 0 | None = No pain |
| 1,2,3 | Mild = Slight pain |
| 4,5,6 | Moderate = Moderate pain |
| 7,8,9,10 | Severe = Intense pain |

Check off at which points the patient experiences pain:

- Morning Afternoon Evening

Rate the extent to which the patient's pain inhibits his/her overall **quality of sleep** in the scale below:

DOES NOT INTERFERE <<< 0 1 2 3 4 5 6 7 8 9 10 >>> SEVERELY INTERFERES

Rate the extent to which the patient's pain inhibits his/her **general mood** as described by them in the scale below:

DOES NOT INTERFERE <<< 0 1 2 3 4 5 6 7 8 9 10 >>> SEVERELY INTERFERES

Rate the extent to which the patient's pain inhibits his/her **daily activities** (e.g., gardening, working, shopping, cooking):

DOES NOT INTERFERE <<< 0 1 2 3 4 5 6 7 8 9 10 >>> SEVERELY INTERFERES

Patient Record: Neuropathic Screening Test Results^{2,5}

Use the dermatome illustration on the right to document the patient's test results.
If you require more information about the individual tests, please consult the accompanying booklet.



Light touch

Use the dermatome illustration and the illustration above to map out in detail the boundaries of any areas of sensory loss or increased sensitivity to touch.

Pattern of stimulation used:

Assessment notes:



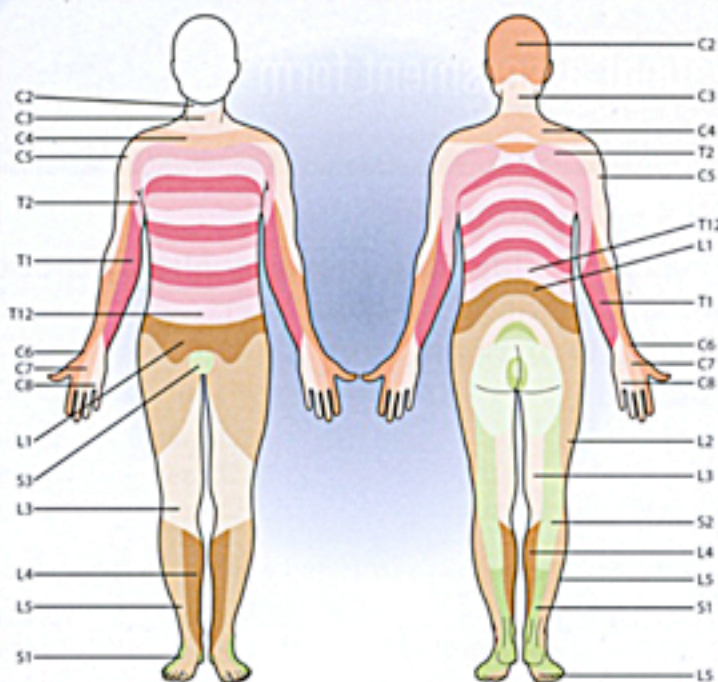
Pain

Use the dermatome illustration and the illustration above to map out in detail the boundaries of any areas of sensory loss or increased sensitivity to pain.

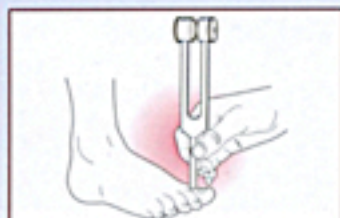
Pattern of stimulation used:

Assessment notes:

Ensure you dispose of the sharp object in a sharps container following the test.



Artist rendition - for illustrative purposes only.



Vibration sense (toe)

Use the illustration above to map out in detail the boundaries of any areas where there is a loss of vibration sense.

Assessment notes:



Position sense

Use the illustration above to map out in detail the boundaries of any areas where there is a loss of position sense.

Assessment notes:

Notes:

Keep this information in the patient's chart as a reference for future assessments.

References:

1. Bouhassira D, Attal N, Aichaar H. Comparison of pain syndromes associated with nervous or somatic lesions and development of a new neuropathic pain diagnostic questionnaire (DN4). *Pain*. 2005;114(1-2):29-36.
2. Cruccu G, Anand P, Attal N. EFNS guidelines on neuropathic pain assessment. *Eur J Neurol*. 2004;11(3):153-62.
3. Pain Intensity Scales. Retrieved March 12, 2008, from the National Institutes of Health, NIH Pain Consortium website: http://painconsortium.nih.gov/pain_scales/index.html.
4. Gilron I, Watson G, Cahill C, Moulin D. Neuropathic pain: a practical guide for the clinician. *CMAJ*. 2006;175(3):265-75.
5. Bickley LS, Szilagyi PG. *Bates' Guide to Physical Examination and History Taking*, 9th ed. Philadelphia: Lippincott Williams & Wilkins; 2007.



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