Neuropathic Pain Scale
Invictus Clinic, LLC

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

| No pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | The most intense pain sensation imaginable |

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

| Not sharp | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | The most sharp sensation imaginable ("like a knife") |

3. 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."

| Not hot | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | The most hot sensation imaginable ("on fire") |

4. 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."

| Not dull | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | The most dull sensation imaginable |

5. Please use the scale below to tell us how cold your pain feels. Words used to describe very cold pain include "like ice" and "freezing."

| Not cold | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | The most cold sensation imaginable ("freezing") |

6. 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 sunburned skin" and "raw skin."

| Not sensitive | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | The most sensitive sensation imaginable ("raw skin") |

7. 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."

| Not itchy | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | The most itchy sensation imaginable ("like poison oak") |

8. Which of the following best describes the time quality of your pain? Please check only one answer.

(   ) I feel a background pain <u>all of the time</u> and occasional flare-ups (break-through pain) <u>some of the time.</u>

        Describe the background pain: _____

        Describe the flare-up (break-through) pain: _____

(   ) I feel a single type of pain <u>all the time.</u> Describe this pain: _____

(   ) I feel a single type of pain only <u>sometimes.</u> Other times, I am pain free.

        Describe this occasional pain: _____