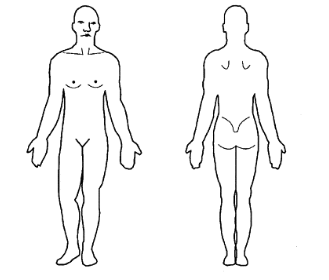
**The S-LANSS Pain Score**

**Leeds Assessment of Neuropathic Symptoms and Signs (self-complete)**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* This questionnaire can tell us about the type of pain that you may be experiencing. This can help in deciding how best to treat it.
* Please draw on the diagram below where you feel your pain. If you have pain in more than one area, **only shade in the one main area where your worst pain is.**



* On the scale below, please indicate how bad your pain (that you have shown on the above diagram) has been in the last week where:  
  ‘0’ means no pain and ‘10’ means pain as severe as it could be.

**NONE** 0 1 2 3 4 5 6 7 8 9 10 **SEVERE PAIN**

* On the other side of the page are 7 questions about your pain (the one in the diagram).
* Think about how your pain that you showed in the diagram has felt **over the last week**. Please circle the descriptions that best match your pain. These descriptions may, or may not, match your pain no matter how severe it feels.
* Only circle the responses that describe your pain. **Please turn over.**

**S-LANSS**

1. **In the area where you have pain, do you also have ‘pins and needles’, tingling or prickling sensations?**

|  |  |  |
| --- | --- | --- |
| a) | NO – I don’t get these sensations | (0) |
|  |  |  |
| b) | YES – I get these sensations often | (5) |
|  |  |  |

1. **Does the painful area change colour (perhaps looks mottled or more red) when the pain is particularly bad?**

|  |  |  |
| --- | --- | --- |
| a) | NO – The pain does not affect the colour of my skin | (0) |
|  |  |  |
| b) | YES – I have noticed that the pain does make my skin look different from normal | (5) |
|  |  |  |

1. **Does your pain make the affected skin abnormally sensitive to touch? Getting unpleasant sensations or pain when lightly stroking the skin might describe this**

|  |  |  |
| --- | --- | --- |
| a) | NO – The pain does not make my skin that area abnormally sensitive to touch | (0) |
|  |  |  |
| b) | YES – My skin in that area is particularly sensitive to touch | (3) |
|  |  |  |

1. **Does your pain come on suddenly and in bursts for no apparent reason when you are completely still? Words like ‘electric shocks’, jumping and bursting might describe this.**

|  |  |  |
| --- | --- | --- |
| a) | NO – My pain doesn’t really feel like this | (0) |
|  |  |  |
| b) | YES – I get these sensations often | (2) |
|  |  |  |

1. **In the area where you have pain, does your skin feel unusually hot like a burning pain?**

|  |  |  |
| --- | --- | --- |
| a) | NO – I don’t have burning pain | (0) |
|  |  |  |
| b) | YES – I get burning pain often | (1) |
|  |  |  |

1. **Gently rub the painful area with your index finger and then rub a non-painful area (for example, an area of skin further away or on the opposite side from the painful area). How does this rubbing feel in the painful area?**

|  |  |  |
| --- | --- | --- |
| a) | The painful area feels no different from the non-painful area | (0) |
|  |  |  |
| b) | I feel discomfort, like pins and needles, tingling or burning in the painful area that is different from the non-painful area | (5) |
|  |  |  |

1. **Gently press on the painful area with your finger tip then gently press in the same way onto a non-painful area (the same non-painful area that you chose in the last question). How does this feel in the painful area?**

|  |  |  |
| --- | --- | --- |
| a) | The painful area does not different from the non-painful area | (0) |
|  |  |  |
| b) | I feel numbness or tenderness in the painful area that is different from the non-painful area | (3) |
|  |  |  |
|  |  |  |

**Scoring: a score of 12 or more suggests pain of predominantly neuropathic origin**