

## S-LANSS

Name:

Date:

Think about how your pain has felt *over the last week*. Put a tick against the descriptions that best match your pain. These descriptions may, or may not, match your pain no matter how severe it feels.

**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)

**2. 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)

**3. 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 in that area abnormally sensitive to touch (0)  
b) YES - My skin in that area is particularly sensitive to touch (3)

**4. 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)

**5. 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)

**6. 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)

**7. 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 feel 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)

**TOTAL\_\_\_\_\_**

**(=>12)**