Appendix 4

The Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) Pain Scale

Name .......................................................................................................................... Date ........................................

This pain scale can help to determine whether the nerves that are carrying your pain signals are working normally or not. It is important to find this out in case different treatments are needed to control your pain.

A. PAIN QUESTIONNAIRE

■ Think about how your pain has felt over the last week.

■ Please say whether any of the descriptions match your pain exactly.

1. Does your pain feel like strange, unpleasant sensations in your skin? Words like pricking, tingling, pins and needles might describe these sensations.
   a) NO – My pain doesn’t really feel like this ......................................................................................... (0)
   b) YES – I get these sensations quite a lot ..................................................................................... (5)

2. Does your pain make the skin in the painful area look different from normal? Words like mottled or looking more red or pink might describe the appearance.
   a) NO – My pain doesn’t affect the colour of my skin ........................................................................ (0)
   b) YES – I’ve 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 when lightly stroking the skin, or getting pain when wearing tight clothes might describe the abnormal sensitivity.
   a) NO – My pain doesn’t make my skin abnormally sensitive in that area ........................................ (0)
   b) YES – My skin seems abnormally sensitive to touch in that area .............................................. (3)

4. Does your pain come on suddenly and in bursts for no apparent reason when you’re still? Words like electric shocks, jumping and bursting describe these sensations.
   a) NO – My pain doesn’t really feel like this ......................................................................................... (0)
   b) YES – I get these sensations quite a lot ..................................................................................... (2)

5. Does your pain feel as if the skin temperature in the painful area has changed abnormally? Words like hot and burning describe these sensations.
   a) NO – I don’t really get these sensations ......................................................................................... (0)
   b) YES – I get these sensations quite a lot ..................................................................................... (1)
Leeds Assessment of Neuropathic Symptoms and Signs (continued)

B. SENSORY TESTING

Skin sensitivity can be examined by comparing the painful area with a contralateral or adjacent non-painful area for the presence of allodynia and an altered pin-prick threshold (PPT).

1. Allodynia

Examine the response to lightly stroking cotton wool across the non-painful area and then the painful area. If normal sensations are experienced in the non-painful site, but pain or unpleasant sensations (tingling, nausea) are experienced in the painful area when stroking, allodynia is present.

a) NO – Normal sensations in both areas ................................................................................................................. (0)

b) YES – Allodynia in painful area only ...................................................................................................................... (5)

2. Altered pin-prick threshold

Determine the pin-prick threshold by comparing the response to a 23-gauge (blue) needle mounted inside a 2ml syringe barrel placed gently onto the skin in a non-painful and then painful areas.

If a sharp pin prick is felt in the non-painful area, but a different sensation is experienced in the painful area, eg. none/blunt only (raised PPT) or a very painful sensation (lowered PPT), an altered PPT is present.

If a pinprick is not felt in either area, mount the syringe onto the needle to increase the weight and repeat.

a) NO – Equal sensation in both areas ..................................................................................................................... (0)

b) YES – Altered PPT in painful area ......................................................................................................................... (3)

SCORING:

Add values in parentheses for sensory description and examination findings to obtain overall score.

TOTAL SCORE (maximum 24) ........................................................................................................................................

If score < 12, neuropathic mechanisms are unlikely to be contributing to the patient’s pain.

If score \( \geq 12 \), neuropathic mechanisms are likely to be contributing to the patient’s pain.