Neuropathic Pain Quality 5a

Please respond to each question or statement by marking one box per row.

In the past 7 days…

		Not at all	A little bit	Somewhat	Quite a bit	Very much
PAQUAL27r	Did your pain feel like pins and needles?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAQUAL14r	Did your pain feel tingly?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAQUAL21r	Did your pain feel stinging?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAQUAL31r	Did your pain feel electrical?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
PAQUAL11r	Did your pain feel numb?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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