

# KING'S PD PAIN QUEST

Patient ID No: \_\_\_\_\_ Initials: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of assessment: \_\_\_\_\_ Male  Female  Centre: \_\_\_\_\_

## PAIN IN PARKINSON'S

The movement symptoms of Parkinson's are well known. However, other problems like pain can occur as part of the condition or its treatment. It is important that the doctor knows about the specific type of your pain, particularly if it is troublesome for you.

Several types of pain are listed below. Please:

- Tick the box "Yes" if you have experienced this particular type of pain during the past month.
- If you have not experienced the type of pain in the past month tick the "No" box.
- The doctor or nurse may ask you some additional questions to help you decide.

Please note that this questionnaire only relates to the pain you experienced in the last 30 days.

## HAVE YOU EXPERIENCED ANY OF THE FOLLOWING IN THE LAST MONTH?

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Pain around the joints (including pain related to arthritis) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Pain related to a specific internal organ<br>(for example, pain around the liver, stomach or bowels) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Generalised non-specific pain in your stomach area.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Non-specific pain deep within the body: a generalised constant, dull, aching pain.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Pain related to abnormal involuntary movements (dyskinetic pain) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Painful muscle cramps in a specific region during "off" periods<br>(when your medication is not working).....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Generalised pain during "off" periods<br>(pain in the whole body or areas that are not affected by muscle cramps).....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Pain related to jerking leg movements during the night or an unpleasant burning<br>sensation in the legs which improves with movement (restless legs syndrome) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pain related to difficulties when turning in bed at night .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Pain when chewing .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Pain related to grinding teeth during the night .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Burning sensation in your mouth.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Burning pain in the limbs (often associated with swelling or medication).....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Shooting pain/pins and needles down the limbs .....   | <input type="checkbox"/> | <input type="checkbox"/> |