Self-report Leeds Assessment of Neuropathic Symptoms and Signs (S-LANSS)

Name: _____ Date: _____

This questionnaire can tell us about the type of pain that you may be experiencing. Please draw on the diagram where you feel your pain (only the one main area where your worst pain is). Rate how bad that pain has been in the last week from 0 (none) to 10 (as severe as it could be). Think about how that pain 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.

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

[ ] NO - I don't get these sensations	0
[ ] 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?

[ ] NO - The pain does not affect the colour of my skin	0
[ ] 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.

[ ] NO - The pain does not make my skin in that area abnormally sensitive to touch	0
[ ] 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.

[ ] NO - My pain doesn't really feel like this	0
[ ] 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?

[ ] NO - I don't have burning pain	0
[ ] 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?

[ ] The painful area feels no different from the non-painful area	0
[ ] 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?

[ ] The painful area does not feel different from the non-painful area	0
[ ] I feel numbness or tenderness in the painful area that is different from the non-painful area	3

Scoring

Sum of the weighted points of the 7 items. Each item is either 0 (no) or a fixed weight (5, 5, 3, 2, 1, 5, 3). Maximum 24.

S-LANSS score: _____ / 24

Source: Bennett, M. (2001). The LANSS Pain Scale: The Leeds assessment of neuropathic symptoms and signs. Pain, 92(1-2), 147-157.

Online calculator and more: physiotutors.com/questionnaires