

## Complex Pain Syndrome Questionnaire 1:

Date of referral:.....

### Referring Practitioner

Name:	
Job title:	
Health Board:	

### Patient's particulars:

Age	Years.....	Months.....
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female

### Clinical details:

Date of onset of symptoms	
Main part of body affected	
Other parts of body affected	

### Comment

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Initial trigger event:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Is pain continuous?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Hyperalgesia or allodynia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Oedema	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Change in skin colour	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Circulation changes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Change in skin temperature	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Loss of limb function	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Abnormal movement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Abnormal muscle tone (dystonia)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Other features					

### Investigations:

		Result if done
Plain X-ray	<input type="checkbox"/> Done <input type="checkbox"/> Not done	
Ultrasound or Doppler	<input type="checkbox"/> Done <input type="checkbox"/> Not done	
CT scan	<input type="checkbox"/> Done <input type="checkbox"/> Not done	
MRI scan	<input type="checkbox"/> Done <input type="checkbox"/> Not done	
Isotope scans	<input type="checkbox"/> Done <input type="checkbox"/> Not done	
Renal function	<input type="checkbox"/> Done <input type="checkbox"/> Not done	
Liver function	<input type="checkbox"/> Done <input type="checkbox"/> Not done	
CK	<input type="checkbox"/> Done <input type="checkbox"/> Not done	
Uric acid	<input type="checkbox"/> Done <input type="checkbox"/> Not done	
Full blood count	<input type="checkbox"/> Done <input type="checkbox"/> Not done	
ESR	<input type="checkbox"/> Done <input type="checkbox"/> Not done	
CRP	<input type="checkbox"/> Done <input type="checkbox"/> Not done	
Any suggestion precipitated by viral infection? Indicate cultures sent and results:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any suggestion precipitated by bacterial infection? Indicate cultures sent and results:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Others tests	<input type="checkbox"/> Done <input type="checkbox"/> Not done	

### Treatment

	Given	Comment if helpful
Simple pain killer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Codeine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
NSAID	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pain modulating (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TENS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Clinical psychology	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Impact on child and family

<b>CHILD</b>		<b>Describe</b>
Missing school days	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Missing sports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Missing family holiday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loss of social activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other effects	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PARENTS</b>		
Parents missing work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loss of social activities of parents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Others effects	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please return this questionnaire to:

Ishaq Abu-Arafah  
 Consultant Paediatrician  
 Stirling Royal Infirmary  
 Stirling  
 FK8 2AU

(or scan and email to [iabu-arafeh@nhs.net](mailto:iabu-arafeh@nhs.net))