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LAMPIRAN

painDETECT	KUESIONER NYERI

Tanggal:	Nama Pasien:	Usia:

Catatan : 0= tidak ada nyeri, 1-3= nyeri ringan, 4-7= nyeri sedang, 8-10= nyeri berat

Bagaimana penilaian rasa nyeri Anda sekarang, pada saat ini?

0	1	2	3	4	5	6	7	8	9	10
Tidak ada										maks

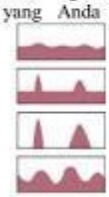
Seberapa kuat rasa nyeri yang terberat selama 4minggu terakhir ?

0	1	2	3	4	5	6	7	8	9	10
Tidak ada										maks

Seberapa kuat " rata-rata" rasa nyeri selama 4 minggu terakhir?

0	1	2	3	4	5	6	7	8	9	10
Tidak ada										maks

Tandai gambar yang paling tepat menggambarkan rasa nyeri yang Anda alami



- Nyeri menetap, terus- menerus, sedikit fluktuasi ☐
- Nyeri menetap disertai serangan nyeri yang lebih kuat ☐
- Nyeri hilang dan timbul tanpa ada rasa sakit diantaranya ☐
- Serangan-serangan nyeri diantara rasa nyeri yang ada ☐

Tandai lokasi nyeri pada tubuh Anda

Apakah rasa nyeri menjalar kebagian lain dari tubuh Anda?
Ya Tidak
Jika ya, gambarkan arah penjalaran itu

Apakah Anda menderita sensasi seperti terbakar (panas menyengat) di daerah nyeri?
tak pernah ☐ hampir tidak terasa ☐ sedikit ☐ sedang ☐ kuat ☐ sangat kuat ☐

Apakah Anda merasa kesemutan, seperti ditusuk-tusuk di daerah nyeri (seperti semut merayap atau kesetrum)?
tak pernah ☐ hampir tidak terasa ☐ sedikit ☐ sedang ☐ kuat ☐ sangat kuat ☐

Adakah sentuhan ringan (seperti pakaian/kain atau selimut) memberi rasa nyeri?
tak pernah ☐ hampir tidak teras ☐ sedikit ☐ sedang ☐ kuat ☐ sangat kuat ☐

Apakah Anda merasakan serangan nyeri mendadak seperti sengatan listrik/kesetrum?
tak pernah ☐ hampir tidak terasa ☐ sedikit ☐ sedang ☐ kuat ☐ sangat kuat ☐

Apakah (air mandi) yang dingin atau panas dapat menimbulkan rasa nyeri?
tak pernah ☐ hampir tidak terasa ☐ sedikit ☐ sedang ☐ kuat ☐ sangat kuat ☐

Apakah Anda menderita ba'al/rasa tebal atau mati rasa pada daerah nyeri?
tak pernah ☐ hampir tidak terasa ☐ sedikit ☐ sedang ☐ kuat ☐ sangat kuat ☐

Apakah tekanan ringan seperti tekanan jari pada area sakit, menimbulkan rasa nyeri?
tak pernah ☐ hampir tidak terasa ☐ sedikit ☐ sedang ☐ kuat ☐ sangat kuat ☐

(untuk diisi oleh dokter)

tak pernah	hampir tidak terasa	sedikit	sedang	kuat	sangat kuat
X0 | 0	X1	X2	X3	X4	X5

Jumlah skor ..... dari 35

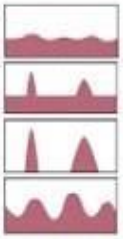
Pengembangan / Referensi: R. Freynhagen, R.Baron, U.Gockel, T.R Tolle/Curr Med Res Opin,Vol.22,No.10 (2006) ©2005 Pfizer PharmaGmbh

painDETECT	PENILAIAN KUESIONER NYERI

Tanggal:	Nama Pasien:	Usia:

Pindahkan skoring dari kuesioner nyeri
Jumlah skor :

Jumlahkan skor dengan angka berikut, tergantung pada pola dan penjalaran nyeri yang ditandai. Kemudian hitung jumlah skor akhir:



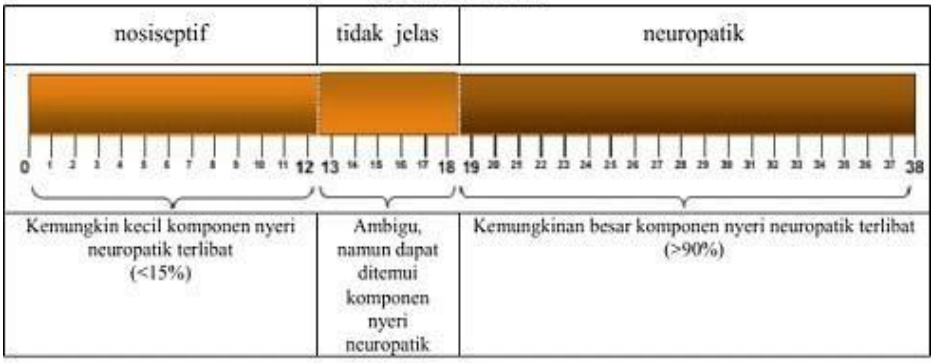
Nyeri menetap, terus-menerus, sedikit fluktuasi	0	
Nyeri menetap disertai serangan nyeri yang lebih kuat	-1	Jika ditandai, atau
Nyeri hilang dan timbul tanpa ada rasa sakit diantaranya	+1	Jika ditandai, atau
Serangan-serangan nyeri diantara rasa nyeri yang ada	+1	Jika ditandai

Rasa nyeri menjalar? +2 Jika ya

SKOR AKHIR ☐☐

HASIL SKORING

SKOR AKHIR



Lembar ini tidak menggantikan diagnosis medis.
Lembar ini digunakan untuk melakukan skrining adanya komponen nyeri neuropatik.

Pengembangan / Referensi: R. Freynhagen, R.Baron, U.Gocket, T.R Tolle/Curr Med Res Opin., Vol. 22, No.10 (2006)