

The Parkinson's Disease Pain Classification System (PCS) Questionnaire

Name _____ Date of birth _____ Date _____
 Disease duration _____ Lateralization _____
 PD medication _____

Your patient has chronic pain. Please give information for each pain type separately, consider disease duration, lateralization and treatment. Give pain duration and localization for each pain below.

	Pain 1	Pain 2	Pain 3
Localization			
Duration			

Step 1: Four questions aimed at ascertaining that the patient's pain is related to PD (one question needs to be answered with yes to go to step 2, otherwise pain is not PD-related step 3).

	Pain 1	Pain 2	Pain 3
Has your pain started or became more severe after the initiations of the PD symptoms?			
Is your pain aggravated when rigidity, tremors or slowness of movements are more intense?			
Is your pain associated with excessive, abnormal movements (choreatic dyskinesia)?			
Is your pain somehow improved when PD medications are taken?			

Step 2: Please classify PD-related pain into one of the three main mechanistic descriptors

Neuropathic pain is defined as pain caused by a lesion or disease of the somatosensory nervous system. Neuropathic pain is deemed present when the Neuropathic Pain Questionnaire (DN4) is scored positive

(DN4≥4). Central neuropathic pain can be distinguished from peripheral neuropathic pain on behalf of its localization (peripheral nerve, root, or distal symmetrical vs. diffuse localization).

Neuropathic Pain Questionnaire (Douleur Neuropathique-4 questionnaire (DN-4): Does the pain have one or more of the following characteristics?: 1. Pain feels like burning; 2. Sensation of painful cold; 3. Pain feels like electric shocks; Is the pain associated with one or more of the following symptoms in the same area? 4. Tingling; 5. Pins and needles; 6. Numbness; 7. Itching; Is the pain located in an area where the exam unveils: 8. Hypoesthesia to touch?; 9. Hypoesthesia to pinprick?; 10. Is the pain provoked or increased by brushing?

	Pain 1	Pain 2	Pain 3
Central			
Peripheral			
Score: Intensity x Frequency x Impact			

Nociceptive pain arises from actual or threatened damage to non-neural tissue due to the activation of nociceptors. Does the patient have pain upon palpation of muscles, tendons, fascia or have painful rigidity? These comprise musculoskeletal pains due to motor status fluctuations such as off-period pain (early morning pain, wearing-off pain, beginning-of-dose pain, end-of-dose pain), many painful dystonic spasms (early morning dystonia, off-period dystonia, beginning-of-dose dystonia, end-of-dose dystonia), as well as peak-of-dose pains. Localized or regional pain syndromes, the myofascial pain syndrome, and coat hanger headaches (neck pain in hypotension) are included here.

	Pain 1	Pain 2	Pain 3
Localized pain			
Myofascial pain syndrome			
Coat hanger headaches			
Score: Intensity x Frequency x Impact			

Nociplastic pain is present when pain is neither neuropathic nor nociceptive. In clinical practice, these pains include instances of hyper-/hypodopaminergic fluctuations when non-motor neuro-psychiatric manifestations

predominate the clinical picture and when it is not the main complaint, but instead part of a more complex clinical presentation. The patient may face flares of sweating, dysphoria, feelings of inner restlessness, motor agitation, wandering, with pain deeply located in the abdomen, in the face, or, in some instances being ill-localized and rapidly moving location. In most cases patients with PD nociplastic pain can be classified as having dopaminergic agonist withdrawal syndrome, dopamine dysregulation syndrome and other neuropsychiatric manifestations. We also classified leg motor restlessness and non-motor Off here, when the neuropathic component is not dominant.

	Pain 1	Pain 2	Pain 3
Non-motor Off			
Leg motor restlessness			
Dopamine agonist withdrawal syndrome			
Other:			
Score: Intensity x Frequency x Impact			

Step 3: Non PD-related pain

	Pain 1	Pain 2	Pain 3
Localization			
Mechanism			
Score: Intensity x Frequency x Impact			

Scoring of pain subtypes

Scoring of each pain type according to intensity (Considering 0 = 'No pain' and 10 = 'Worst pain imaginable', choose the intensity of your pain), frequency (1: rare, 2: intermediate, 3: frequent), and impact on daily living (1: low, 2: moderate, 3: severe). The total score for each pain descriptor is obtained by the multiplication of the intensity, by the frequency, and by the impact, providing a score ranging from 0-90 for each pain.