Appendix 1: CRPS Abbreviated questionnaire

Name **of Referring Practitioner:**			Date of reporting :…… ………………
	Job title:		Health Board:
Patient's age	Years……………. Months………………		
Patient's gender	☐ Male		☐ Female
	Date of onset of symptoms		
	Main part of body affected		
	Other parts of body affected		
Clinical details:	**Yes**	**No**	**Comments**
Initial trigger event:	☐	☐	
Is pain continuous?	☐	☐	
Hyperalgesia or allodynia	☐	☐	
Oedema	☐	☐	
Change in skin colour	☐	☐	
Circulation changes	☐	☐	
Change in skin temperature	☐	☐	
Loss of limb function	☐	☐	
Abnormal movement	☐	☐	
Abnormal muscle tone (dystonia)	☐	☐	
Other features	☐	☐	
Investigations:	**Done**	**Not done**	**Result if done**
Plain X-ray	☐	☐	
Ultrasound or Doppler	☐	☐	
CT scan	☐	☐	
MRI scan	☐	☐	
Isotope scans	☐	☐	
Renal function	☐	☐	
Liver function	☐	☐	
CK	☐	☐	
Uric acid	☐	☐	
Full blood count	☐	☐	
ESR	☐	☐	
CRP	☐	☐	
Any suggestion precipitated by viral infection?	☐ Yes ☐ No		provide tests and results
Any suggestion precipitated by bacterial infection?	☐ Yes ☐ No		provide cultures and results:
Others tests			☐ Done ☐ Not done
Treatment	**Given**	**Not given**	**Comment if helpful**
Simple pain killer	☐	☐	
Codeine	☐	☐	
NSAID	☐	☐	
Pain modulating (specify)	☐	☐	
TENS	☐	☐	
Physiotherapy	☐	☐	
Clinical psychology	☐	☐	
Other	☐	☐	
Impact on child and family	**Yes**	**No**	**Describe**
CHILD Missing school days	☐	☐	
CHILD Missing sports	☐	☐	
CHILD Missing family holiday	☐	☐	
CHILD Loss of social activities	☐	☐	
CHILD Other effects	☐	☐	
Parents missing work	☐	☐	
Loss of social activities of parents	☐	☐	
Others effects	☐	☐	