

## Quantitative sensory testing (QST) and preparations

### QST (quantitative sensory testing)

is used to measure the sensory thresholds in the hands, feet, face and/or other areas for cold and warm perception and cold and heat pain thresholds. Additionally, the test can be used to determine vibration perception thresholds in the tested areas. The test is performed when sensory nerve fiber damage is suspected due to a metabolic disease, such as diabetes, or chronic pain.

The examination takes 60 to 90 minutes.

### Before the examination

- It is important that you are alert and rested when you arrive for the test because it requires you to concentrate.
- Before the test, you are allowed to eat, drink and take any prescription medication as usual.
- Wash your hands and feet at home and dress warmly.
- Avoid using any foundation make-up on the day of the test if the test is performed in the facial region.

### During the examination

During the test, you will either rest on a bed in a half-sitting position or sit in a chair. If necessary, your limbs may be warmed up before starting the test. A sensor will be

placed on the skin of the area being examined. The sensor's temperature will change during the different parts of the test. A vibration sensor may also be placed on the skin area being examined to measure the vibration perception threshold.

This examination has no after-effects.

### After the examination

You will receive the results of the examination from the doctor who treats you. If you do not know how to find out the results, please contact the outpatient clinic or ward that referred you to this examination.

### Other things to note

**Please note!** Mark your symptoms on the enclosed symptom map and bring it with you to the test.

Please take your Kela-card or identification with you.

You will not be charged for the examination separately.

Cancel the appointment if you cannot come. If you do not cancel, you will be charged a fine.

## Symptom map

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Social security number: \_\_\_\_\_

Height: \_\_\_\_\_

**Please draw in the image the areas where you have had pain, numbness or loss of sensation during the past three months.**

Pain = red

Numbness, tingling, stinging on skin = green

Loss of sensation = blue

Draw intense symptoms with darker colours.

Draw mild symptoms with lighter colours.

