

This form can be completed online, printed and brought in with you to your appointment.

Subjective Peripheral Neuropathy Screen Questionnaire Lower Extremity

Full name

Date

Please take a few minutes to answer the following questions about the feeling in your legs and feet. Check **yes** or **no** based on how you usually feel and then rate the intensity. Thank you

1. Do you ever have legs and/or feet that feel numb? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

2. Do you ever have any burning pain in your legs and/or feet? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

3. Are your feet too sensitive to touch? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

4. Do you get muscle cramps in your legs and/or feet? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

5. Do you ever have any prickling or tingling feelings in your legs or feet? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

6. Difficulty with coordination when walking? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

7. When you get into the tub or shower, are you unable to tell the hot water from the cold water with your feet? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

8. Any sharp, stabbing, shooting pain in your feet or legs? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

9. Have you experienced an asleep feeling or loss of sensation in your legs or feet? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

10. Do you feel weak when you walk? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

11. Are your symptoms worse at night? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

12. Do your legs and/or feet hurt when you walk? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

13. Are you unable to sense your feet when you walk? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

14. Is the skin on your feet so dry that it cracks open? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)

15. Have you ever had electric shock-like pain in your feet or legs? Yes No

How intense are these symptoms? (1-10 with 10 being incapacitating)