

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

## Subjective Peripheral Neuropathy Screen Questionnaire Upper Extremity

Full name

Date

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

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|---|-----|----|
| 1. Do your arms and/or hands/fingers feel numb?<br>How intense are these symptoms? (1-10 with 10 being incapacitating)  | Yes | No |
| 2. Do you ever have any burning pain in your arms and/or hands?<br>How intense are these symptoms? (1-10 with 10 being incapacitating)                          | Yes | No |
| 3. Are your hands too sensitive to touch?<br>How intense are these symptoms? (1-10 with 10 being incapacitating)  | Yes | No |
| 4. Do you get muscle cramps in your arms and/or hands?<br>How intense are these symptoms? (1-10 with 10 being incapacitating)                                   | Yes | No |
| 5. Do you ever have any prickling or tingling feelings<br>in your arms or hands?<br>How intense are these symptoms? (1-10 with 10 being incapacitating)         | Yes | No |
| 6. Weak grip strength?<br>How intense are these symptoms? (1-10 with 10 being incapacitating)   | Yes | No |
| 7. Is it difficult to tell temperature differences with your hands?<br>How intense are these symptoms? (1-10 with 10 being incapacitating)                      | Yes | No |
| 8. Any sharp, stabbing, shooting pain in your arms or hands?<br>How intense are these symptoms? (1-10 with 10 being incapacitating)                             | Yes | No |
| 9. Have you experienced an asleep feeling or loss of<br>sensation in your arms or hands?<br>How intense are these symptoms? (1-10 with 10 being incapacitating) | Yes | No |
| 10. Do your arms and/or hands hurt when you use them?<br>How intense are these symptoms? (1-10 with 10 being incapacitating)                                    | Yes | No |
| 11. Difficulty sensing where your hands are?<br>How intense are these symptoms? (1-10 with 10 being incapacitating)   | Yes | No |
| 12. Do you experience electric shock-like sensations in your<br>arms or hands?<br>How intense are these symptoms? (1-10 with 10 being incapacitating)           | Yes | No |