

Participant ID

Nickname

Outcome Visit

Diabetes Prevention Program Outcomes Study

Q15 NEUROPATHY QUESTIONNAIRE

This self-administered form is completed at Annual Follow-up Visits (01A, 02A...). The participant should complete the questionnaire on the following page. When the participant finishes the questionnaire, a clinic staff member must check that each question has been completed. Blanks should be brought to the participant's attention with a request to try to complete the blank items.

A. Participant Identification

1. Clinic number

2. Participant number

3. Nickname

4. Date of randomization
month day year

5. Sex Male ¹ Female ²

6. Outcome visit VISIT

7. Date of visit
month day year

QOVSTDT
replaced with
DAYSRAND

QOFORMIN

Identification code of person reviewing completed form

Form entered in computer?

Participant ID

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Nickname

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Outcome Visit

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B. Neuropathic History

Please take a few minutes to answer the questions below about the feeling in your legs and feet. Check YES or NO based on how you usually feel.

- | | Yes | No |
|---|----------------------------|------------------------------------|
| 1. Are your legs and/or feet numb? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QONUMB |
| 2. Do you ever have any burning pain in your legs and/or feet? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QOBURN |
| 3. Are your feet too sensitive to touch? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QOSENS |
| 4. Do you get muscle cramps in your legs and/or feet? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QOCRAMP |
| 5. Do you ever have any prickling feelings in your legs or feet? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QOPRICK |
| 6. Does it hurt when the bed covers touch your skin? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QOCOVR |
| 7. When you get into the tub or shower, are you able to tell the hot water from the cold water? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QOWATER |
| 8. Have you ever had an open sore on your foot? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QOSORE |
| 9. Has your doctor ever told you that you have diabetic neuropathy? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QONEURP |
| 10. Do you feel weak all over most of the time? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QOWEAK |
| 11. Are your symptoms worse at night? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QOWORSE |
| 12. Do your legs hurt when you walk? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QOHURT |
| 13. Are you able to sense your feet when you walk? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QOSENSE |
| 14. Is the skin on your feet so dry that it cracks open? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QODRY |
| 15. Have you ever had an amputation? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 QOAMPUT |