

A. IDENTIFYING INFORMATION

EPIDEMIOLOGY OF DIABETES INTERVENTION AND COMPLICATIONS Michigan Neuropathy Screening Instrument and 10-gram Filament Exam

This form should be completed at each annual visit.

Send a copy of this form to the Coordinating Center in the monthly forms mailing. Retain a copy in the clinic files.

	1. C	linic Number: 4. Date Form Completed:/ Month 1	/_ Dav Yea	
	2. Pa	atient ID Number:	24, 100	-
	3. Pa	5. EDIC Follow-Up Year:		
ъ	METID	OPATHIC HISTORY		
ь.	MEUK	OFATRIC HISTORI		
		ease take a few minutes to answer the questions below about the feelings and feet. Check yes or no based on how you usually feel.	g in yo	ur
			No	Yes
	1.	Are your legs and/or feet numb?	(1)	(2)
	2.	Do you ever have any burning pain in your legs and/or feet?	(1)	(2)
	3.	Are your feet too sensitive to touch?	(1)	(2)
	4.	Do you get muscle cramps in your legs and/or feet?	(1)	(2)
	5.	Do you ever have any prickling feelings in your legs or feet?	(1)	(2)
	6.	Does it hurt when the bed covers touch your skin?	(1)	(2)
	7.	When you get into the tub or shower, are you able to tell the hot water from the cold water?	(1)	(2)
	8.	Have you ever had an open sore on your foot?	(1)	(2)
	9.	Has your doctor ever told you that you have diabetic neuropathy?	(1)	(2)
	10.	Do you feel weak all over most of the time?	(1)	(2)
	11.	Are your symptoms worse at night?	(1)	(2)
	12.	Do your legs hurt when you walk?	(1)	(2)
	13.	Are you able to sense your feet when you walk?	(1)	(2)
	14.	Is the skin on your feet so dry that it cracks open?	(1)	(2)
	15.	Have you ever had an amputation?	(1)	(2)

(1)

C. NEUROPATHY SCREENING INSTRUMENT

Deformities

1. Appearance of Feet

RIGHT	<u>LEFT</u>		
No Yes a. Normal (1) (2)	No Yes Normal (1) (2)		
b. If no, check all that apply:	If no, check all that apply:		

Dry skin, callus	(1)	Dry skin, callus	(1)
Infection	(1)	Infection	(1)
Fissure	(1)	Fissure	(1)

(1) Deformities

Other, specify: (1) Other, specify: (1)

	RIGHT					
2. Ulceration	Absent (1)	Present (2)		Absent (1)	Present (2)	
3. Ankle Reflexes	Present (1)	Present/ Reinforcement (2)	Absent (3)	Present (1)	Present/ Reinforcement (2)	Absent (3)
4. Vibration perception at great toe	Present (1)	Reduced (2)	Absent (3)	Present (1)	Reduced (2)	Absent (3)
5. 10 gm filament (record number of applications detected)	Present (<u>></u> 8)	Reduced (1-7)	Absent (0)	Present (<u>></u> 8)	Reduced (1-7)	Absent (0)

Type or print name of person completing this form:

Certification Number (if any)
