



**C. NEUROPATHY SCREENING INSTRUMENT**

1. Appearance of Feet

	<u>RIGHT</u>			<u>LEFT</u>	
	No	Yes		No	Yes
a. Normal	( 1)	( 2)	Normal	( 1)	( 2)
b. If no, check all that apply:			If no, check all that apply:		
Deformities		( 1)	Deformities		( 1)
Dry skin, callus		( 1)	Dry skin, callus		( 1)
Infection		( 1)	Infection		( 1)
Fissure		( 1)	Fissure		( 1)
Other, specify:		( 1)	Other, specify:		( 1)
_____			_____		

	<u>RIGHT</u>			<u>LEFT</u>		
	Absent	Present		Absent	Present	
2. Ulceration	( 1)	( 2)		( 1)	( 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 ( ≥ 8) ( 1)	Reduced (1-7) ( 2)	Absent ( 0) ( 3)	Present ( ≥ 8) ( 1)	Reduced (1-7) ( 2)	Absent ( 0) ( 3)

Type or print name of person completing this form:

Certification Number (if any)

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