

**EPIDEMIOLOGY OF DIABETES INTERVENTION AND COMPLICATIONS  
Neuropathy Specific Quality of Life Questionnaire**

These questions ask about the effect your *FOOT PROBLEMS* may have on your daily life and well-being. By foot problems we mean lost or reduced feeling in your extremities, pain, discomfort and/or ulcers (open sores) on your feet and, in some cases unsteadiness while walking or standing.

Please note that many questions have two parts. Answer every question by checking one box for each part (check two boxes per line). Please make sure you answer all questions. Please concentrate on how you have felt *IN THE PAST 4 WEEKS* for all of the questions. There are no right or wrong answers. If you are unsure about how to answer a question, you can ask the person who gave you the questionnaire. Please *DO NOT* ask a relative or friend to help you. All of your responses will be held strictly confidential.

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

**A. IDENTIFYING INFORMATION**

- |                        |             |                         |                                         |
|------------------------|-------------|-------------------------|-----------------------------------------|
| 1. Clinic Number:      | __ __       | 4. Date Form Completed: | __ __ / __ __ / __ __<br>Month Day Year |
| 2. Patient ID Number:  | __ __ __ __ | 5. EDIC Follow-Up Year: | __ __                                   |
| 3. Patient's Initials: | __ __ __    |                         |                                         |

**B. NEUROPATHY QUESTIONNAIRE**

1. In the past 4 weeks how often have you experienced the following symptoms?						2. How much bother did this cause you?		
	All the time	Most of the time	Some of the time	Occasion ally	Never	Very much	Some bother	None
a. Burning in your legs or feet	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )
b. Excessive heat or cold in your legs or feet	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )
c. Pins and needles in your legs or feet	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )
d. Shooting or stabbing pain in your legs or feet	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )
e. Throbbing in your legs or feet	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )
f. Sensations in your legs or feet that make them jump	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )

1. In the past 4 weeks how often have you experienced the following symptoms?						2. How much bother did this cause you?				
	All the time	Most of the time	Some of the time	Occasionally	Never	Very much	Some bother	None		
g. Irritation of the skin caused by something touching your feet, such as bed sheets or socks	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )		
						Very much	Quite a lot	Somewhat		
h. Have these painful symptoms reduced your quality of life?						( 1 )	( 2 )	( 3 )	( 4 )	( 5 )
3. In the past 4 weeks how often have you experienced the following symptoms?						4. How much bother did this cause you?				
	All the time	Most of the time	Some of the time	Occasionally	Never	Very much	Some bother	None		
a. Numbness in your feet	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )		
b. Inability to feel the difference between hot and cold with your feet	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )		
c. Inability to feel objects with your feet	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )		
						Very much	Quite a lot	Somewhat		
d. Have these last three symptoms reduced your quality of life?						( 1 )	( 2 )	( 3 )	( 4 )	( 5 )
5. In the past 4 weeks how often have you experienced the following symptoms?						6. How much bother did this cause you?				
	All the time	Most of the time	Some of the time	Occasionally	Never	Very much	Some bother	None		
a. Weakness in your hands	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )		
b. Problems with balance or unsteadiness while walking	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )		
c. Problems with balance or unsteadiness while standing	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )		

	Very much	Quite a lot	Somewhat	A little	Not at all
d. Have these last three symptoms reduced your quality of life?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )

The following questions ask about how your FOOT PROBLEMS affect your daily activities, relationships and feelings

7. Are you in PAID WORK?                    No            Yes  
                                                           ( 1 )        ( 2 )  
 If YES, please go to Question 8a/9a.  
 If NO, please go to Question 8b/9b.

8. In the past 4 weeks HOW MUCH have your foot problems interfered with your:						9. How important is this aspect of your life to you?		
	Very much	Quite a lot	Somewhat	A little	Not at all	Very much	Some what	Not at all
a. Ability to perform your paid work?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )
b. Ability to perform tasks around the house or garden?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )
c. Ability to take part in leisure activities?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )

	Very much	Quite a lot	Somewhat	A little	Not at all
d. Have these changes in daily activities as a result of your foot problems reduced your quality of life?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )

10. In the past 4 weeks:						11. How important is this aspect of your life to you?		
	Very much	Quite a lot	Somewhat	A little	Not at all	Very much	Some what	Not at all
a. How much have your foot problems interfered with your relationships with people close to you?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )

10. In the past 4 weeks:						11. How important is this aspect of your life to you?		
	Very much	Quite a lot	Somewhat	A little	Not at all	Very much	Some what	Not at all
b. Have you felt more emotionally dependent than you would like to be on people close to you as a result of your foot problems?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )
c. Has your role in the family changed as a result of your foot problems?	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )
			Very much	Quite a lot	Somewhat	A little	Not at all	
d. Have these changes in relationships with other people as a result of your foot problems reduced your quality of life?			( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	
12. How much do you agree with the following statements:						13. How much bother did this cause you?		
	Completely agree	Partly agree	Neither agree or disagree	Partly disagree	Completely disagree	Very much	Some bother	None
a. People treat me differently from other people as a result of my foot problems.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )
b. I feel older than my years as a result of my foot problems.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )
c. My self - confidence is affected as a result of my foot problems.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )
d. My foot problems make my life a struggle.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 1 )	( 2 )	( 3 )

12. How much do you agree with the following statements:

	Completely agree	Partly agree	Neither agree or disagree	Partly disagree	Completely disagree
e. I generally feel frustrated because of my foot problems.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )
f. My foot problems cause me embarrassment.	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )

13. How much bother did this cause you?

Very much	Some bother	None
( 1 )	( 2 )	( 3 )
( 1 )	( 2 )	( 3 )

14. In the past 4 weeks, how depressed have you felt because of your foot problems?

Very depressed	Quite depressed	Somewhat depressed	A little depressed	Not at all depressed
( 1 )	( 2 )	( 3 )	( 4 )	( 5 )

15. How much bother did this cause you?

Very much	Some bother	None
( 1 )	( 2 )	( 3 )

16. Have these feelings about yourself as a result of your foot problems reduced your quality of life?

	Very much	Quite a lot	Somewhat	A little	Not at all
	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )

17. Overall, I would say problems with my feet reduced my quality of life:

	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )
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18. Overall, I would rate my quality of life as:

	Excellent	Very Good	Good	Fair	Poor
	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )