

Participant ID:

{pid}

Date of Visit:

{d_form}

Acrostic:

{acrostic}

Administered By:

{compby}

Visit Code:

{visit_code}

Barcode:

{barcode}

- 1 Please answer the questions below about the feeling in your legs and feet.
Check yes or no based on how you usually feel.**

a Are your legs and/or feet numb?

{mhnumb}

()
(1) Yes
(2) No

b Do you ever have any burning pain in your legs and/or feet?

{mhburn}

()
(1) Yes
(2) No

c Are your feet too sensitive to touch?

{mhsens}

()
(1) Yes
(2) No

d Do you get muscle cramps in your legs and/or feet?

{mhcramps}

()
(1) Yes
(2) No

e Do you ever have any prickling feelings in your legs or feet?

{mhprck}

()
(1) Yes
(2) No

f Does it hurt when the bed covers touch your skin?

{mhtouch}

()
(1) Yes
(2) No

g When you get into the tub or shower, are you able to tell the hot water from the cold water?

{mhtell}

()
(1) Yes
(2) No

h Have you ever had an open sore on your foot?

{mhsore}

()
(1) Yes
(2) No

If yes, do you have one now?

{mhsorenow}

()
(1) Yes
(2) No

i Has your doctor ever told you that you have diabetic neuropathy?

{mhneur}

()
(1) Yes
(2) No

j Do you feel weak all over most of the time?

{mhweak}

()
(1) Yes
(2) No

k Are your symptoms worse at night?

{mhworse}

()
(1) Yes
(2) No

l Do your legs hurt when you walk?

{mhhurt}

()
(1) Yes
(2) No

m Are you able to sense your feet when you walk?

{mhwalk}

()
(1) Yes
(2) No

n Is the skin on your feet so dry that it cracks open?

{mhdry}

()
(1) Yes
(2) No

o Have you ever had an amputation?

{mhamp}

()
(1) Yes
(2) No

My Health, Part A - Medical History: Neuropathy

PID: _____ ADMINISTERED BY:

ACROSTIC: _____

VISIT: _____

DATE of VISIT: / / 20



1. Please answer the questions below about the feeling in your legs and feet. Check yes or no based on how you usually feel.

a.	Are your legs and/or feet numb?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Do you ever have any burning pain in your legs and/or feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Are your feet too sensitive to touch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Do you get muscle cramps in your legs and/or feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Do you ever have any prickling feelings in your legs or feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Does it hurt when the bed covers touch your skin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g.	When you get into the tub or shower, are you able to tell the hot water from the cold water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h.	Have you ever had an open sore on your foot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes: Do you have one now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
i.	Has your doctor ever told you that you have diabetic neuropathy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j.	Do you feel weak all over most of the time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k.	Are your symptoms worse at night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l.	Do your legs hurt when you walk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m.	Are you able to sense your feet when you walk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n.	Is the skin on your feet so dry that it cracks open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o.	Have you ever had an amputation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No