Form Approved
OMB No. 0920-0904
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Patient ID Number | Site | Sub-site | Sequential ID

Patient Version

MICHIGAN NEUROPATHY SCREENING INSTRUMENT and 10-gram Filament Exam

A. Neuropathic History (To be completed by the person with diabetes)

Please take a few minutes to answer the following questions about the feeling in your legs and feet. Check yes or no based on how you usually feel. Thank you.

numb_scrn	1.	Are your legs and/or feet numb?	1☐ No	2☐ Yes
burning_scrn	2.	Do you ever have any burning pain in your legs and/or feet?	1☐ No	2☐ Yes
sensitive_scrn	3.	Are your feet too sensitive to touch?	1☐ No	2☐ Yes
cramps_scrn	4.	Do you get muscle cramps in your legs and/or feet?	1☐ No	2☐ Yes
prickling_scrn	5.	Do you ever have any prickling feelings in your legs or feet?	1☐ No	2☐ Yes
bedcovers_scrn	6.	Does it hurt when the bed covers touch your skin?	1☐ No	2☐ Yes
hotcold_scrn	7.	When you get into the tub or shower, are you able to tell the hot water from the cold water?	1☐ No	2☐ Yes
opensore_scrn	8.	Have you ever had an open sore on your foot?	1☐ No	2☐ Yes
tolddiabetic_scrn	9.	Has your doctor ever told you that you have diabetic neuropathy?	1☐ No	2☐ Yes
	10.	Do you feel weak all over most of the time? feelweak_scrn	1☐ No	2☐ Yes
	11.	Are your symptoms worse at night? worsenight_scrn	1☐ No	2☐ Yes
hurtwalk_scrn	12.	Do your legs hurt when you walk?	1☐ No	2☐ Yes
	13.	Are you able to sense your feet when you walk? sensewalk_scrn	1☐ No	2☐ Yes
drycrack_scrn	14.	Is the skin on your feet so dry that it cracks open?	1☐ No	2☐ Yes
	15.	Have you ever had an amputation? amputation_scrn	1☐ No	2☐ Yes

NEUROPATHY SCREENING INSTRUMENT

B. Physical Assessment (To be completed by the study personnel)

1. Appearance of Feet

appearanceright_SCRN

Right Foot

a. Normal 1 ☐ No 2 ☐ Yes

b. If no, check all that apply:

Left Foot appearanceleft_SCRN

Normal 1 ☐ No 2 ☐ Yes

If no, check all that apply:

deformitiesright_SCRN	Deformities	☐ 1	deformitiesleft_SCRN	Deformities	☐ 1
callusright_SCRN	Dry skin, callus	☐ 1	callusleft_SCRN	Dry skin, callus	☐ 1
infectionright_SCRN	Infection	☐ 1	infectionleft_SCRN	Infection	☐ 1
fissureright_SCRN	Fissure	☐ 1	fissureleft_SCRN	Fissure	☐ 1
appearotherright_SCRN	Other	☐ 1	appearotherleft_SCRN	Other	☐ 1
	specify: _____		appearotherleftspec_SCRN	specify: _____	

appearotherrightspec_SCRN

2. Ulceration

	Right Foot			Left Foot	
ulcerright_SCRN	Absent ☐ 1	Present ☐ 2	ulcerleft_SCRN	Absent ☐ 1	Present ☐ 2

filimentleft_SCRN

3. Ankle Reflexes

reflexright_SCRN

Present	Present/ Reinforcement	Absent
☐ 1	☐ 2	☐ 3

reflexleft_SCRN

Present	Present/ Reinforcement	Absent
☐ 1	☐ 2	☐ 3

4. Vibration perception at the great toe*

perceptionright_SCRN

Present	Reduced	Absent
☐ 1	☐ 2	☐ 3

perceptionleft_SCRN

Present	Reduced	Absent
☐ 1	☐ 2	☐ 3

5. 10 gm filament (number of applications detected out of 10 applications):

filimentright_SCRN

Present (≥ 8)	Reduced (1-7)	Absent(0)
☐ 1	☐ 2	☐ 3

filimentleft_SCRN

Present (≥ 8)	Reduced (1-7)	Absent(0)
☐ 1	☐ 2	☐ 3

*Vibration is Present if the examiner feels vibration on his finger joint for 10 seconds or less after the patient reports vibration at toe has stopped. Vibration is Reduced if examiner feels vibration for more than 10 seconds after patient reports vibration at toe has stopped. Vibration is Absent if patient does not perceive any vibration from the tuning fork.

FOR STUDY USE ONLY

Date Completed compldat	Month	Day	Year	Completed by complby	
Date Reviewed revwdate	Month	Day	Year	Reviewer Code revwby	
Date Entered enterdat	Month	Day	Year	Data Entry Code enterby	