

# TODAY Form NEURO, Neuropathy Screening

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Release Participant ID

RELEASEID

  

Release Visit Number

MVISIT

1. Days since randomization

   

DAYS

*Instructions: Part Ia is a self-administered questionnaire to be completed at the following visits: Baseline, all annual visits and any visit classified as a primary outcome or end of study visit. Part Ib and Part II are exams completed by trained study staff.*

*Instructions for Part Ia: 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.*

## Part Ia.

### History

	Yes	No	
2. Are your legs and/or feet numb?	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>0</sub>	BBNUMB
3. Do you ever have any burning pain in your legs and/or feet?	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>0</sub>	BBBURN
4. Are your legs and/or feet too sensitive to touch?	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>0</sub>	BBTOUCH
5. Do you get muscle cramps in your legs and/or feet?	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>0</sub>	BBCRAMP
6. Do you ever have any prickling feelings in your legs and/or feet?	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>0</sub>	BBPRICK
7. Does it hurt when the bed covers touch your skin?	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>0</sub>	BBSKIN
8. When you get into the tub or shower, are you able to tell the hot water from the cold water?	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>0</sub>	BBHC
9. Have you ever had an open sore on your foot?	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>0</sub>	BBSORE
10. Has your doctor ever told you that you have diabetic neuropathy?	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>0</sub>	BBNEUROP
11. Do you feel weak all over most of the time?	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>0</sub>	BBWEAK
12. Are your symptoms worse at night?	<input type="text"/> <sub>1</sub>	<input type="text"/> <sub>0</sub>	BBNIGHT

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13. Do your legs hurt when you walk?

 <sub>1</sub>
 <sub>0</sub>

BBWALK

14. Are you able to sense your feet when you walk?

 <sub>1</sub>
 <sub>0</sub>

BBSENSE

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

 <sub>1</sub>
 <sub>0</sub>

BBDRY

*Instructions for Part Ib: Completed only after Part Ia has been completed and is an exam performed by trained study staff.*

## Part Ib.

### Examination

a. Appearance and condition

Left Foot:

 <sub>1</sub>

Normal

 <sub>2</sub>

Abnormal

MLFOOT

Right Foot:

 <sub>1</sub>

Normal

 <sub>2</sub>

Abnormal

MRFOOT

**If ABNORMAL** Check all that apply

Deformities

Left Foot:

 <sub>1</sub>

MLDEFORM

Right Foot:

 <sub>1</sub>

MRDEFORM

Dry skin, callus

Left Foot:

 <sub>1</sub>

MLDRY

Right Foot:

 <sub>1</sub>

MRDRY

Infection

Left Foot:

 <sub>1</sub>

MLINFEC

Right Foot:

 <sub>1</sub>

MRINFEC

Fissure

Left Foot:

 <sub>1</sub>

MLFISS

Right Foot:

 <sub>1</sub>

MRFISS

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b. Ulceration	Left Foot:	<input type="text"/> <sub>1</sub>	Present	<input type="text"/> <sub>2</sub>	Absent	<input type="text"/>	MLULCER
	Right Foot:	<input type="text"/> <sub>1</sub>	Present	<input type="text"/> <sub>2</sub>	Absent	<input type="text"/>	MRULCER
c. Ankle reflexes =	Left Foot:	<input type="text"/> <sub>1</sub>	Present	<input type="text"/> <sub>2</sub>	Present/ Reinforcement	<input type="text"/> <sub>3</sub>	MLANKLE
	Right Foot:	<input type="text"/> <sub>1</sub>	Present	<input type="text"/> <sub>2</sub>	Present/ Reinforcement	<input type="text"/> <sub>3</sub>	MRANKLE
d. Vibration perception at great toe =	Left Foot:	<input type="text"/> <sub>1</sub>	Present ( $<10$ sec)	<input type="text"/> <sub>2</sub>	Reduced ( $\geq 10$ sec)	<input type="text"/> <sub>3</sub>	MLTOE
	Right Foot:	<input type="text"/> <sub>1</sub>	Present ( $<10$ sec)	<input type="text"/> <sub>2</sub>	Reduced ( $\geq 10$ sec)	<input type="text"/> <sub>3</sub>	MRTOE

*Instructions for Part II: Completed only after Part I has been completed and is a test performed by trained study staff.*

## Part II.

Monofilament Test								
10 gm filament (number of applications detected) =	Left Foot:	<input type="text"/> <sub>1</sub>	Present ( $\geq 8$ )	<input type="text"/> <sub>2</sub>	Reduced (1 – 7)	<input type="text"/> <sub>3</sub>	Absent (0)	MLFILAM
	Right Foot:	<input type="text"/> <sub>1</sub>	Present ( $\geq 8$ )	<input type="text"/> <sub>2</sub>	Reduced (1 – 7)	<input type="text"/> <sub>3</sub>	Absent (0)	MRFILAM