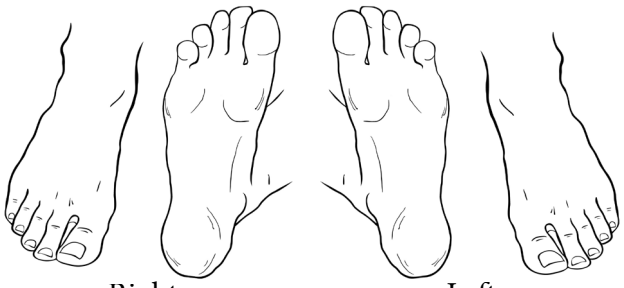
Peripheral Neuropathy Evaluation

Lower Extremities



Patient's Interview (ask your patient the following questions):

Question 1: Do you have any pain in your feet?

Yes	No

Question 2: Does your pain have any of these characteristics?

	Yes	No
1. Burning		
2. Freezing pain		
3. Electric shock-type sensation		

Question 3: Do you have any of these symptoms in the area characteristics?

	Yes	No
4. Tingling		
5. Prikling		
6. Numbing		
7. Stinging/itching		

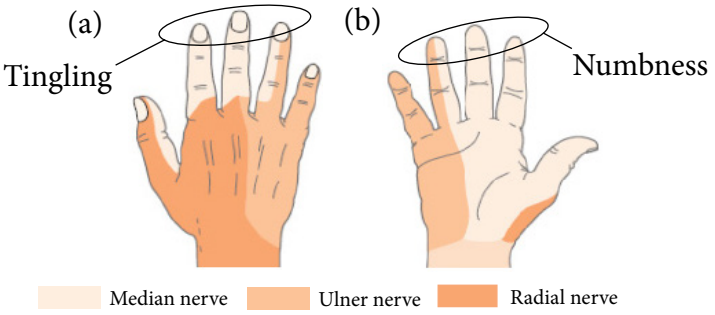
Question 4: Is the pain made worst with touch of clothing or bed sheets?

Yes	No

PATIENT'S ASSESSMENT
Question 5

	Yes	No
8. Hypoesthesia to touch		
9. Hypoesthesia to prick		
10. Extreme sensitivity to touch		
11. Extreme sensitivity to prick		

Upper Extremities



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Patient's name: _____
DOB: _____
Date of evaluation: _____

HEARTLAND NATIONAL TB CENTER
THE UNIVERSITY OF TEXAS AT TYLER HEALTH SCIENCE CENTER