



Neuropathy Questionnaire

Name: _____

Date: _____

"I have a few questions about your pain:"

1. Does it ever feel numb? ____ Yes ____ No
2. Do you ever have burning pain? ____ Yes ____ No
3. Are you sensitive to touch? ____ Yes ____ No
4. Do you get muscle cramps? ____ Yes ____ No
5. Do you ever get prickly or tingling feelings? ____ Yes ____ No
6. Does it hurt at night or when the covers touch your skin? ____ Yes ____ No
7. When you get into the tub/shower, are you able to tell hot from cold water? ____ Yes ____ No
8. Do you ever have sharp, stabbing or shooting pain? ____ Yes ____ No
9. Have you experienced an asleep feeling or loss of sensation? ____ Yes ____ No
10. Do you feel weak when you walk? ____ Yes ____ No
11. Are your symptoms worse at night? ____ Yes ____ No
12. Does it hurt when you walk? ____ Yes ____ No
13. Are you unable to sense your feet when you walk? ____ Yes ____ No
14. Do you get electric shock-like pain? ____ Yes ____ No
15. Are you diabetic? ____ Yes ____ No
16. Do you have high blood pressure? ____ Yes ____ No
17. Do you have high cholesterol? ____ Yes ____ No Do you take medication for it? ____ Yes ____ No
18. Have you ever had back trouble or back, hip, knee or ankle surgery? ____ Yes ____ No

"What/how has this limited or kept you from doing things? What things? Talk to me, how is it affecting you?" Work, home, play, etc.

"When it is bad does it restrict any other activities?" (Work, home or play, care for self.)

****** *"Is it getting better, staying the same, or getting worse?"*

****** *"Are you concerned about it worsening?"* ____ Yes ____ No

****** *"If the doctor feels that this is something he/she can help you with, is this something you would like to get taken care of at this time?"* ____ Yes ____ No

****** *"If you got better would that affect your life? Or are there things you would like to do if you got well?"*

"I'm curious, how long do you think it will take to correct your problem?" No right or wrong answer here, just gathering info and getting an idea where their head/expectation is. Just write down what they say and move on.

"Is there anything else you would like the doctor to know about?" No? Then they feel heard and move on.
