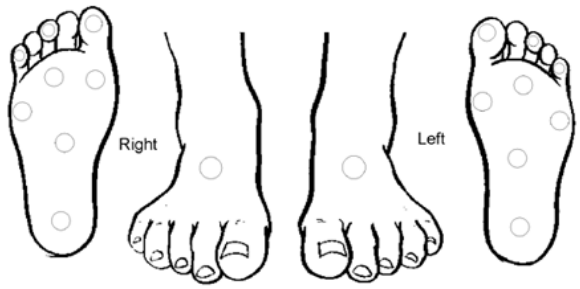
Peripheral Neuropathy Evaluation

Lower Extremities



PATIENT'S INTERVIEW (Ask your patient the following questions:

Question 1:

	Yes	No
¿Do you have any pain in your feet?		

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?

		Yes	No
4	Tingling		
5	Prickling		
6	Numbness		
7	Stinging/itching		

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

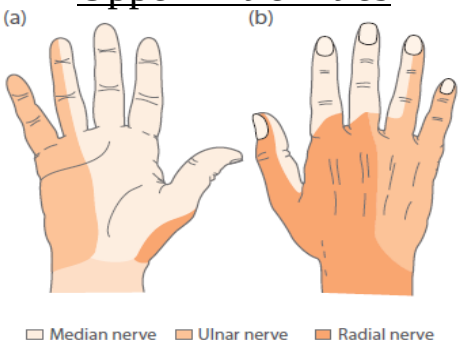
Yes	No

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



PATIENT'S INTERVIEW (Ask your patient the following questions:

Question 1:

	Yes	No
¿ Do you have any pain in your hands?		

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?

		Yes	No
4	Tingling		
5	Prickling		
6	Numbness		
7	Stinging/Itching		

Question 5 Is the pain made worse with the touch of clothing or bed sheets?

Yes	No

PATIENT'S ASSESMENT

Question 4:

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

Patient's name:
DOB:
Date of evaluation:

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