**Subjective Peripheral Neuropathy Questionnaire**

Name:__________________________ DOB:_________ Date ________________

Please take a few minutes to answer the following questions about the feeling in your legs and feet. Check **yes** or **no** based on what you have felt.

1. Do you ever have legs and/or feet that feel numb?  
   - o Yes o No

2. Do you ever have any burning pain in your legs and/or feet?  
   - o Yes o No

3. Are your feet too sensitive to touch?  
   - o Yes o No

4. Do you get muscle cramps in your legs and/or feet?  
   - o Yes o No

5. Do you ever have any prickling or tingling feelings in your legs or feet?  
   - o Yes o No

6. Does it hurt at night or when the covers touch your skin?  
   - o Yes o No

7. When you get into the tub or shower, are you unable to tell the hot water from the cold water with your feet?  
   - o Yes o No

8. Do you ever have any sharp, stabbing, shooting pain in your feet or legs?  
   - o Yes o No

9. Have you experienced an asleep feeling or loss of sensation in your legs or feet?  
   - o Yes o No

10. Do you feel weak when you walk?  
    - o Yes o No

11. Are your symptoms worse at night?  
    - o Yes o No

12. Do your legs and/or feet hurt when you walk?  
    - o Yes o No

13. Are you unable to sense your feet when you walk?  
    - o Yes o No

14. Is the skin on your feet so dry that it cracks open?  
    - o Yes o No

15. Have you ever had electric shock-like pain in your feet or legs?  
    - o Yes o No


**SCORE ____________/ 15**