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Peripheral Neuropathy Questionnaire

1. Have you been diagnosed as having peripheral neuropathy by a Physician (MD/DO)?

YES NO

2. Were you diagnosed by a Neurologist/Neurosurgeon/Other?

YES NO

3. Do you have any of the following problems?

DIABETES THYROID DISEASE VITAMIN B12 DEFICIENCY

4. Have you ever had any of these tests performed in the last 3 years?

- Electromyogram (EMG)
- Nerve Conduction Velocity Test (NCV)
- MRI/CT of Low Back
- Nerve Biopsy
- Skin Biopsy
- Lumbar Puncture/Spinal Tap

5. What is the location of your symptoms?

- ANKLES THIGHS
- FEET HANDS
- LOWER LEGS ARMS

6. What side(s) are the symptoms located on?

- BILATERAL (right and left)
- RIGHT
- LEFT

7. How do you describe your symptoms?

- TINGLING NUMBNESS
- BURNING PINS AND NEEDLES
- PAINFUL BALANCE ISSUES
- ELECTRIC-LIKE OTHER: _____