



Answer the following questions about the feeling in your hands, legs and/or feet.
Check **yes** or **no** based on what you have felt.

- 1. Do you ever have hands, legs and/or feet that feel numb? Yes No
- 2. Do you ever have any burning pain in your hands, legs or feet? Yes No
- 3. Are your hands or feet too sensitive to touch? Yes No
- 4. Do you get muscle cramps in your legs and/or feet? Yes No
- 5. Do you ever have any prickling or tingling feelings in your hands, legs or feet? Yes No
- 6. Does it hurt at night or when the covers touch your skin? Yes 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? Yes No
- 8. Do you ever have any sharp, stabbing, shooting pain in your legs or feet? Yes No
- 9. Have you ever suffered with nail fungus of the fingers or toes? Yes No
- 10. Do you feel pain or weakness when you walk? Yes No
- 11. Are your symptoms worse at night? Yes No
- 12. Has your ability to Balance well decreased? Yes No
- 13. Are you unable to sense your feet when you walk? Yes No
- 14. Is the skin on your feet so dry that it cracks open? Yes No
- 15. Have you ever had electric shock-like pain in your feet or legs? Yes No

Diagnostic utility of the subjective peripheral neuropathy screen in HIV-infected persons with peripheral sensory polyneuropathy. Venkataramana AB, Skolasky RL, Creighton JA, McArthur JC. AIDS Read. 2005 Jul;15(7):341-4, 348-9, 354.

SCORE _____ / 15

These questions ask about limitations to your walking due to peripheral neuropathy during the **past 2 weeks**. For each statement please circle the one number that best describes your degree of limitation. Please check that you have circled one number for each question.

In the past 2 weeks how much has your peripheral neuropathy...	Not at all	A little 25%	Moderately 50%	Quite a bit 75%	Extremely 100%
Limited your ability to walk?	1	2	3	4	5
Limited your ability to run?	1	2	3	4	5
Limited your ability to climb up or down stairs?	1	2	3	4	5
Made standing when doing things more difficult?	1	2	3	4	5
Limited your balance when standing / walking?	1	2	3	4	5
Limited how far you are able to walk?	1	2	3	4	5
Increased the effort needed for you to walk?	1	2	3	4	5
Made it necessary for you to use support when walking indoors , eg holding on to furniture, using a cane, etc?	1	2	3	4	5
Made it necessary for you to use support when walking outdoors , eg using a cane or walker, etc?	1	2	3	4	5
Slowed down your walking?	1	2	3	4	5
Affected how smoothly you walk?	1	2	3	4	5
Made you need to use more concentration when you walk?	1	2	3	4	5

WALKING SCALE QUESTIONNAIRE SCORE TOTAL _____

DISABILITY SCORE: 12 NORMAL, 13-27 MILD, 28-45 MODERATE, >46 SEVER DISABILITY