Scoring Version

MICHIGAN NEUROPATHY SCREENING INSTRUMENT

A. History (To be completed by the person with diabetes)

Please take a few minutes to answer the following questions about the feeling in your legs and feet. Check yes or no based on how you usually feel. Thank you.

1.	Are your legs and/or feet numb?	☐ 1 Yes	☐ 0 No
2.	Do you ever have any burning pain in your legs and/or feet?	☐ 1 Yes	☐ 0 No
3.	Are your feet too sensitive to touch?	☐ 1 Yes	☐ 0 No
4.	Do you get muscle cramps in your legs and/or feet?	☐ 0 Yes	☐ 0 No
5.	Do you ever have any prickling feelings in your legs or feet?	☐ 1 Yes	☐ 0 No
6.	Does it hurt when the bed covers touch your skin?	☐ 1 Yes	☐ 0 No
7.	When you get into the tub or shower, are you able to tell the hot water from the cold water?	☐ 0 Yes	☐ 1 No
8.	Have you ever had an open sore on your foot?	☐ 1 Yes	☐ 0 No
9.	Has your doctor ever told you that you have diabetic neuropathy?	☐ 1 Yes	☐ 0 No
10.	Do you feel weak all over most of the time?	☐ 0 Yes	☐ 0 No
11.	Are your symptoms worse at night?	☐ 1 Yes	☐ 0 No
12.	Do your legs hurt when you walk?	☐ 1 Yes	☐ 0 No
13.	Are you able to sense your feet when you walk?	☐ 0 Yes	☐ 1 No
14.	Is the skin on your feet so dry that it cracks open?	☐ 1 Yes	☐ 0 No
15.	Have you ever had an amputation?	☐ 1 Yes	☐ 0 No

Total: _____

(13 maximum)