



Patient ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Site	Sub-site	Sequential ID				

Patient Version

MICHIGAN NEUROPATHY SCREENING INSTRUMENT and 10-gram Filament Exam

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

NEUROPATHY SCREENING INSTRUMENT

B. Physical Assessment (To be completed by the study personnel)

1. Appearance of Feet

Right Foot

a. Normal 1 No 2 Yes

b. If no, check all that apply:

Deformities 1

Dry skin, callus 1

Infection 1

Fissure 1

Other 1

specify: _____

Left Foot

Normal 1 No 2 Yes

If no, check all that apply:

Deformities 1

Dry skin, callus 1

Infection 1

Fissure 1

Other 1

specify: _____

2. Ulceration

Right Foot

Absent Present
 1 2

Left Foot

Absent Present
 1 2

3. Ankle Reflexes

Present Present/
 1 Reinforcement Absent
 2 3

Present Present/
 1 Reinforcement Absent
 2 3

4. Vibration perception at the great toe*

Present Reduced Absent
 1 2 3

Present Reduced Absent
 1 2 3

5. 10 gm filament (number of applications detected out of 10 applications):

Present (≥ 8) Reduced (1-7) Absent(0)
 1 2 3

Present (≥ 8) Reduced (1-7) Absent(0)
 1 2 3

*Vibration is Present if the examiner feels vibration on his finger joint for 10 seconds or less after the patient reports vibration at toe has stopped. Vibration is Reduced if examiner feels vibration for more than 10 seconds after patient reports vibration at toe has stopped. Vibration is Absent if patient does not perceive any vibration from the tuning fork.

FOR STUDY USE ONLY

Date
Completed

Month

Day

Year

Completed
by

Date
Reviewed

Month

Day

Year

Reviewer
Code

Date
Entered

Month

Day

Year

Data Entry
Code