

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

Total: \_\_\_\_\_

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### B. Physical Assessment (To be completed by health professional)

#### 1. Appearance of Feet

##### Right

a. Normal  0 Yes  1 No

b. If no, check all that apply:

Deformities

Dry skin, callus

Infection

Fissure

Other

specify: \_\_\_\_\_

##### Left

Normal  0 Yes  1 No

If no, check all that apply:

Deformities

Dry skin, callus

Infection

Fissure

Other

specify: \_\_\_\_\_

##### Right

Absent                      Present  
 0                       1

2. Ulceration

##### Left

Absent                      Present  
 0                       1

2. Ulceration

Present                      Present/  
Reinforcement                      Absent  
 0                       0.5                       1

3. Ankle Reflexes

Present                      Present/  
Reinforcement                      Absent  
 0                       0.5                       1

3. Ankle Reflexes

Present                      Decreased                      Absent  
 0                       0.5                       1

4. Vibration perception at great toe

Present                      Decreased                      Absent  
 0                       0.5                       1

4. Vibration perception at great toe

Normal                      Reduced                      Absent  
 0                       0.5                       1

5. Monofilament

Normal                      Reduced                      Absent  
 0                       0.5                       1

5. Monofilament

Signature: \_\_\_\_\_

Total Score \_\_\_\_\_ /10 Points