

Guide to Discuss My Symptoms With My Healthcare Providers (HCPs)

ACPA does not offer medical advice. Always consult a medical professional with all healthcare concerns.

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Where is your pain?
(check all that apply)

- ☐ Left Foot
- ☐ Right Foot
- ☐ Both Feet

Other

Side

Joints

Bottom


2

Describe Your Pain
(check all that apply)

- ☐ Pricking
- ☐ Tingling
- ☐ Pins & Needles
- ☐ Electric or Shooting
- ☐ Hot or Burning
- ☐ Numbness
- ☐ Itching
- ☐ Evoked by Touch
- ☐ Cold or Freezing
- ☐ Other

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Example

Pain Level

Sensitivity to Touch

Sensitivity to Heat

Sensitivity to Cold

None	Moderate	X	Severe
None	Moderate		Severe
None	Moderate		Severe
None	Moderate		Severe
None	Moderate		Severe

Rate Your PDPN Pain and Symptoms

Rate Your Physical and Emotional Functioning

Impact on Walking

Muscle Weakness

Loss of Balance

Feeling Depressed

Feeling Anxious

None	Moderate	Severe
None	Moderate	Severe
None	Moderate	Severe
None	Moderate	Severe
None	Moderate	Severe

Rate How PDPN Impacts Your Daily Life

Family

Sleep

Work

None	Moderate	Severe
None	Moderate	Severe
None	Moderate	Severe

Date

__/__/__