

# 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
- Bottom



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### 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	None	Moderate	<input checked="" type="checkbox"/>	Severe
Sensitivity to Touch	None	Moderate	<input type="checkbox"/>	Severe
Sensitivity to Heat	None	Moderate	<input type="checkbox"/>	Severe
Sensitivity to Cold	None	Moderate	<input type="checkbox"/>	Severe

### Rate Your Physical and Emotional Functioning

Impact on Walking	None	Moderate	Severe
Muscle Weakness	None	Moderate	Severe
Loss of Balance	None	Moderate	Severe
Feeling Depressed	None	Moderate	Severe
Feeling Anxious	None	Moderate	Severe

### Rate How PDPN Impacts Your Daily Life

Family	None	Moderate	Severe
Sleep	None	Moderate	Severe
Work	None	Moderate	Severe

Date