



# WESTERN NEUROPATHY ASSOCIATION

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## NORFOLK QUALITY OF LIFE – DIABETIC NEUROPATHY (QOL-DN) *(abbreviated questions)*

### Symptoms over the past 4 weeks

- |                                |         |         |          |         |
|--------------------------------|---------|---------|----------|---------|
| 1. Numbness                    | a. Feet | b. Legs | c. Hands | d. Arms |
| 2. Tingling, pins, and needles | a. Feet | b. Legs | c. Hands | d. Arms |
| 3. Electric shocks             | a. Feet | b. Legs | c. Hands | d. Arms |
| 4. Unusual sensations          | a. Feet | b. Legs | c. Hands | d. Arms |
| 5. Superficial pain            | a. Feet | b. Legs | c. Hands | d. Arms |
| 6. Deep pain                   | a. Feet | b. Legs | c. Hands | d. Arms |
| 7. Weakness                    | a. Feet | b. Legs | c. Hands | d. Arms |

### Duration and nature of symptoms

8. Duration of symptoms?
9. Symptoms same on the right as the left?
10. Symptoms worse at night?
11. How many medications have been used for these symptoms?
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**Diagnosis/existence of complications**

12. Told that you have neuropathy?

13. Ulcers on your feet?

14. Gangrene?

15. Toes or fingers amputated?

**Activities of Daily Living (ADL) over the past 4 weeks**

*(Answer on a scale of 1 to 10 – no effect to 100% effect)*

16. Has the pain kept you awake at night?

17. Hyperalgesia to touch?

18. Burned or injured self and unable to feel it?

19. Symptoms kept you from usual activities?

20. Unable to do fine finger movements?

21. Unsteady on feet?

22. Problem getting out of a chair?

23. Problem walking down stairs?

24. Unable to feel feet when walking?

- 25. Unable to tell hot/cold water with hands?
- 26. Unable to tell hot/cold water with feet?
- 27. Vomiting after meals (not because of illness)?
- 28. Diarrhea and/or loss of bowel control?
- 29. Involuntary urinating when laughing or coughing?
- 30. (males only) Problem with erections?
- 31. (females only) Problem with vaginal dryness?
- 32. Orthostasis?
- 33. Difficulty bathing/showering?
- 34. Difficulty dressing?
- 35. Difficulty walking?
- 36. Difficulty getting on or off the toilet?
- 39. Accomplished less?
- 40. Limited in kind of work/activities you could perform?
- 41. Difficulty performing work/other activities?
- 42. General health now?

- 43. General health compared to three months ago?
- 44. Physical health interfered with normal social activities?
- 45. Pain interferes with normal work?
- 46. Weakness or shakiness interferes with normal work?
- 47. How many different medications have you used for pain?

**REFERENCE**

Etta J. Vinik. *Diabetes Technology & Therapeutics*. Jun 2005, 497-508. <http://doi.org/10.1089/dia.2005.7.497>