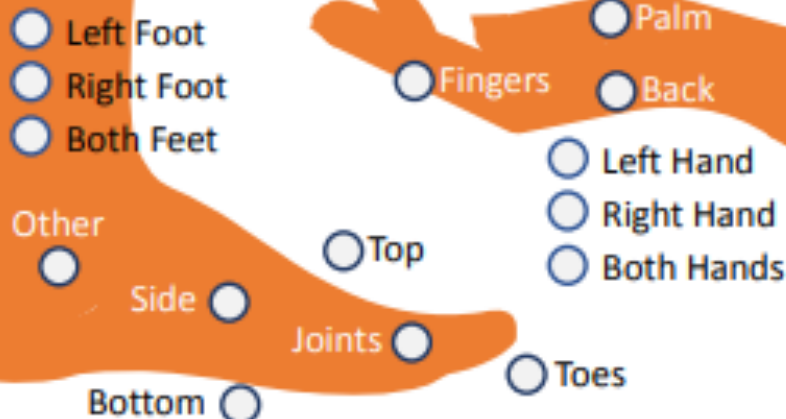


# Guide to Discuss My Symptoms

## With My Healthcare Providers (HCPs)

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

**1**
**Where is your pain?**  
 (check all that apply)

**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

**3**
*Example*

Pain Level

Sensitivity to Touch

Sensitivity to Heat

Sensitivity to Cold

**Rate Your PDPN Pain and Symptoms**

None	Moderate	<b>X</b>	Severe
None	Moderate		Severe
None	Moderate		Severe
None	Moderate		Severe
None	Moderate		Severe

**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