

MICHIGAN NEUROPATHY SCREENING INSTRUMENT

Patient Name: _____

DOB: _____

Encounter: Consult / Quarterly **Type:** Meta / 1 / 2 / Pre

Date: _____

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 you legs and/or feet numb? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Do you ever have any burning pain in your legs and/or feet? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Are your feet too sensitive to touch? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Do you get muscle cramps in your legs and/or feet? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14. Is the skin on your feet so dry that it cracks open? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 15. Have you ever had an amputation? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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

Present Present/ Absent

☐ 0 Reinforcement ☐ 1

☐ 0.5

3. Ankle Reflexes

Present Present/ Absent

☐ 0 Reinforcement ☐ 1

☐ 0.5

Present Decreased Absent

☐ 0 ☐ 0.5 ☐ 1

4. Vibration perception at great toe

Present Decreased Absent

☐ 0 ☐ 0.5 ☐ 1

Normal Reduced Absent

☐ 0 ☐ 0.5 ☐ 1

5. Monofilament

Normal Reduced Absent

☐ 0 ☐ 0.5 ☐ 1

Signature: _____

Total Score _____/10 Points