Appendix 1. Michigan Neuropathy Screening Instrument

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 your legs and/or feet numb? □ 1 Yes □ 0 No
2. Do you ever have any burning pain in your legs and/or feet? □ 1 Yes □ 0 No
3. Are your feet too sensitive to touch? □ 1 Yes □ 0 No
4. Do you get muscle cramps in your legs and/or feet? □ 0 Yes □ 0 No
5. Do you ever have any prickling feelings in your legs or feet? □ 1 Yes □ 0 No
6. Does it hurt when the bed covers touch your skin? □ 1 Yes □ 0 No
7. When you get into the tub or shower, are you able to tell the hot water from the cold water? □ 0 Yes □ 1 No
8. Have you ever had an open sore on your foot? □ 1 Yes □ 0 No
9. Has your doctor ever told you that you have diabetic neuropathy? □ 1 Yes □ 0 No
10. Do you feel weak all over most of the time? □ 0 Yes □ 0 No
11. Are your symptoms worse at night? □ 1 Yes □ 0 No
12. Do your legs hurt when you walk? □ 0 Yes □ 0 No
13. Are you able to sense your feet when you walk? □ 0 Yes □ 1 No
14. Is the skin on your feet so dry that it cracks open? □ 1 Yes □ 0 No
15. Have you ever had an amputation? □ 1 Yes □ 0 No

Total: ____________________________ (13 maximum)

B. Physical Assessment (To be completed by health professional)

1. Appearance of Feet

   a. Normal Right □ 0 Yes □ 1 No Left □ 0 Yes □ 1 No

   b. If no, check all that apply: Right □ 0 Yes □ 1 No

      - Deformities
      - Dry skin, callus
      - Infection
      - Fissure
      - Other

   specify: ____________________________

   Left □ 0 Yes □ 1 No

2. Ulceration Right □ 0 Yes □ 1 No Left □ 0 Yes □ 1 No

   Absent Present/ Present Absent/ Present

3. Ankle Reflexes Right □ 0 Yes □ 1 No Left □ 0 Yes □ 1 No

   Present Reinforcement Absent Present Reinforcement Absent

   □ 0 □ 0.5 □ 1 □ 0 □ 0.5 □ 1

4. Vibration perception at great toe Right □ 0 Yes □ 1 No Left □ 0 Yes □ 1 No

   Present Decreased Absent Present Decreased Absent

   □ 0 □ 0.5 □ 1 □ 0 □ 0.5 □ 1

5. Monofilament Right □ 0 Yes □ 1 No Left □ 0 Yes □ 1 No

   Normal Reduced Absent Normal Reduced Absent

   □ 0 □ 0.5 □ 1 □ 0 □ 0.5 □ 1

Signature: ____________________________

Total Score ________/10 Points

Adapted from Feldman et al.4 with permission.