



Name:

DATE:

**Questionnaire for Daily Activities** - this provides information on how your neuropathy impacts your physical and emotional ability to accomplish daily and social activities. *This is a great sheet you can use to bring to your doctor to show how neuropathy affects you.*

**Upper Extremities**

	No Impact	Some Impact	Greatly Impacted	Unable to do
1. Turn a key lock				
2. Use knife/fork together				
3. Undo Buttons/zippers				
4. Wash/Brush Hair				
5. Turn pages with reading				
6. Catch a ball				
7. Carry load of groceries				
8. Make a sandwich				

**Lower Extremities**

9. Take a shower				
10. Do the Shopping				
11. Walk a flight of stairs				
12. Walk 100 feet				
13. Walk several hundred yards				
14. Dance				
15. Stand for hours				
16. Run				
17. Bend/ pickup an object				
18. Balance to maneuver around objects on floor				

**Over last 4 weeks how much as Neuropathy affected...**

	Not Affected	Some of the time	Most of the time	All the time
19. Working (at home or outside of home)				
20. Energy Level				
21. Sleeping at night				
22. Fatigue during day				
23. Bodily Pain				
24. Social plans and activities				
25. Attitude/mood				

# GET UP AND GO TEST

Stand up from sitting in a chair, walk 3 meters, turn around and return to chair, and sit down. Pace should be at normal walking speed. **Timer:** start when patient begins to stand and after the patient is sitting back in the chair.

## SCORING:

< 10 seconds = independent

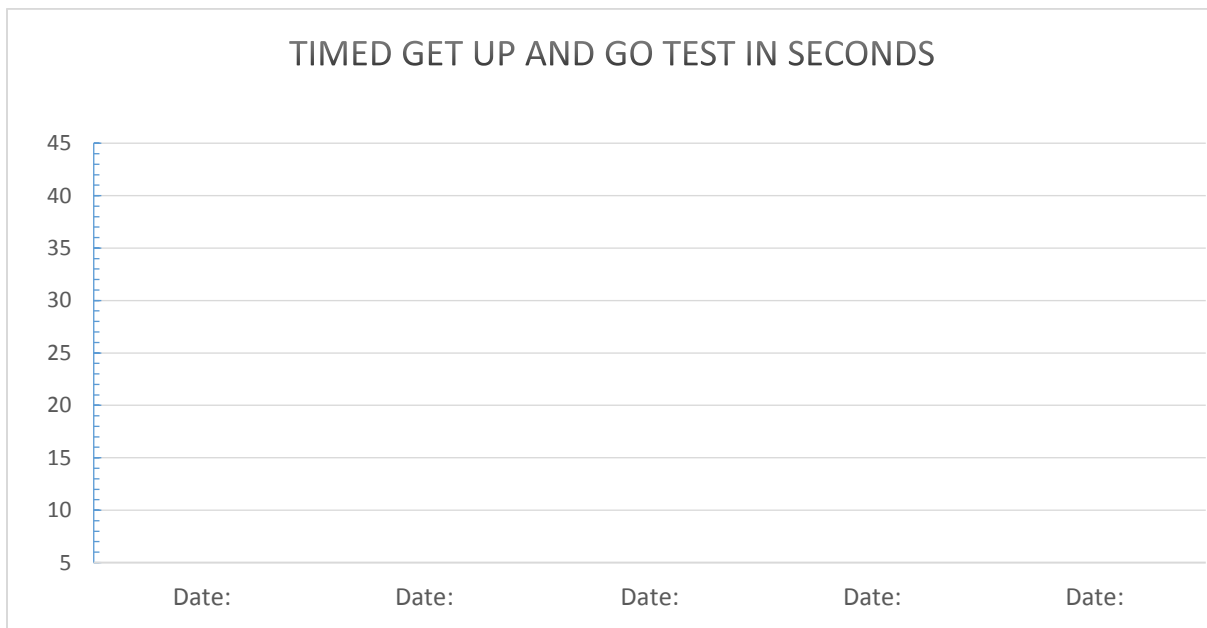
11-20 seconds = semi-independent

>21 seconds = Dependent on assistive device

*\*A score of greater than 14 seconds has been shown to indicate high risk of falls.*

DATE:	Assistive Device Used Y or N	Score in seconds

### Graphing timed score



# ONE LEG STANDING BALANCE TEST

Stand erect (barefoot if possible) on a firm surface with arms folded across your chest and your head facing straight forward. Once standing in the start position, keeping eyes open, raise one leg of your preference and keep your leg raised as long as possible without touching the other leg, uncrossing arms, or using any support for balance. **Timer:** start once foot is lifted off the floor and stop when the patient's raised foot either touches the floor, makes contact with the standing leg, the stance foot moves to create a new base of support, or if the arms move out of the test position.

## SCORING:

Age appropriate norms for SLS are as follows:

60-69 y/o (average= 27.0 seconds)

70-79 y/o (average = 17.2 seconds)

80-99 y/o (average = 8.5 seconds)

DATE:	Assistive Device Used Y or N	Score in seconds

### Graphing timed score



Questions? Please contact Neuropathy Alliance of Texas.  
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