

Small Fiber Neuropathy Screening List

Below are a number of questions about possible complaints. Please circle the answer to each question that is applicable to you. Please give an answer to each question, *even if you do not have any complaints at the moment*. The aim of this questionnaire is to find out how you experience your complaints. There are no correct or incorrect answers. It is important that you are honest.

Part 1:

These questions are aimed at finding out **how often** you experience the following complaints.

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|--|---------------------------------------|
| 1. I have painful arms | never/sometimes/variably/often/always |
| 2. I suffer from palpitations | never/sometimes/variably/often/always |
| 3. I have problems with my bowel movements | never/sometimes/variably/often/always |
| 4. I have difficulties with urinating (either in emptying my bladder or being able to hold my water) | never/sometimes/variably/often/always |
| 5. My food does not seem to go down well | never/sometimes/variably/often/always |
| 6. I suffer from muscle cramps | never/sometimes/variably/often/always |
| 7. My feet and/or hands are colder than I am used to | never/sometimes/variably/often/always |
| 8. I have chest pain | never/sometimes/variably/often/always |

Part 2:

These questions are aimed at finding out **how serious** your complaints are.

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| 9. I have the feeling that my food gets stuck in my throat | not at all/slightly/variably/moderately/seriously |
| 10. At night I throw the bedclothes off my legs | not at all/slightly/variably/moderately/seriously |
| 11. I have difficulties with urinating (either emptying my bladder or being able to hold my water) | not at all/slightly/variably/moderately/seriously |
| 12. I have dry eyes | not at all/slightly/variably/moderately/seriously |
| 13. I have blurred vision | not at all/slightly/variably/moderately/seriously |
| 14. I feel dizzy when I get up | not at all/slightly/variably/moderately/seriously |
| 15. I have sudden hot flushes | not at all/slightly/variably/moderately/seriously |
| 16. My feet and/or hands are colder than I am used to | not at all/slightly/variably/moderately/seriously |
| 17. I have painful arms | not at all/slightly/variably/moderately/seriously |
| 18. The skin of my legs is over-sensitive | not at all/slightly/variably/moderately/seriously |
| 19. I have a tingling sensation in my hands (pins and needles) | not at all/slightly/variably/moderately/seriously |
| 20. I have a tingling sensation in my legs (pins and needles) | not at all/slightly/variably/moderately/seriously |
| 21. I have chest pain | not at all/slightly/variably/moderately/seriously |

Please see: <http://www.ildcare.nl/index.php?id=100> for the PDF and a digital version.