

Small Fiber Neuropathy Screening List (SFNSL)

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.

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	
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.

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

© ild care foundation; www.ildcare.nl; usage is only allowed with the permission of the ild care foundation: info@ildcare.nl

Reference

Hoitsma E, De Vries J, Drent M. The small fiber neuropathy screening list: Construction and cross-validation in sarcoidosis. *Respir Med* 201;105: 95-100. <http://www.ncbi.nlm.nih.gov/pubmed/20889323>