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
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

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Reference