WOMEN'S INTERAGENCY HIV STUDY NP01: BASELINE NEUROPATHY SIGNS AND SYMPTOMS FORM

A1.	PARTICIPANT ID:	- - -
A2.	WIHS STUDY VISIT #:	
A3.	FORM VERSION:	04/01/14
A4.	DATE OF INTERVIEW:	$ M$ $^{\prime}$ $ D$ $^{\prime}$ $ Y$
A5.	CLINICIAN'S INITIALS:	
A6.	TIME MODULE BEGAN:	_ : AM1 PM2
	SEC	TION B: NEUROPATHY SYMPTOMS
this m of botl feet, o	ight happen to the women in ou h feet and may go up into the le	, the HIV virus can affect the nerves in their feet. We want to see how often r study. We are interested in problems with the nerves that start in the toes gs. This kind of pain occurs at the same time in both the right and the left e do not include pain that is the result of an injury or pain that starts in the
		about how well the nerves in your feet work. Then, I am going to see how ir big toe and test your ankle reflexes. Do you have any questions?
HANI	D PARTICIPANT RESPONSE	E CARD NP01 TO RATE SEVERITY.
B1.	time?	ng, or burning in both feet, or both feet and both legs, at around the same
	On a scale of 1 to 10, you in the	where 1 is mild and 10 is severe, please rate to what extent this bothered
		a. <u>right</u> foot and leg:
		b. <u>left</u> foot and leg:
B2.	In the last 6 months, have you around the same time?	had pain, aching, or burning in both feet, or both feet and both legs, at
	On a scale of 1 to 10, you in the	where 1 is mild and 10 is severe, please rate to what extent this bothered
	you in the	a. <u>right</u> foot and leg:
		b. <u>left</u> foot and leg:

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В3.	Sometimes people feel a sen This is what I mean by "pins		eter they have been sitting for too long in one place on a hard surface.
	-		s" in <u>both</u> feet, or <u>both</u> feet and <u>both</u> legs, <u>at around the same time</u> ? as and needles" caused by sitting for too long.)
	On a scale of 1 to 10 you in the), where	1 is mild and 10 is severe, please rate to what extent this bothered
	·	a.	right foot and leg:
		b.	<u>left</u> foot and leg:
B4.	the same time?	_	oins and needles" in both feet, or both feet and both legs, at around
	On a scale of 1 to 10 you in the), where	1 is mild and 10 is severe, please rate to what extent this bothered
	•	a.	right foot and leg:
		b.	<u>left</u> foot and leg:
B5.			or Orajel administered to their gums by a dentist. Even if you tap I the tap. This is what I mean by numbness.
			<u>n</u> feet, or <u>both</u> feet and <u>both</u> legs, <u>at around the same time</u> ? (PROBE : sed by Novocaine or Oragel.)
	On a scale of 1 to 10 you in the), where	1 is mild and 10 is severe, please rate to what extent this bothered
	you in the	a.	right foot and leg:
		b.	<u>left</u> foot and leg:
B6.	In the last 6 months, have you time?	ou had nu	umbness in both feet, or both feet and both legs, at around the same
	On a scale of 1 to 10 you in the), where	1 is mild and 10 is severe, please rate to what extent this bothered
	, ou in die	a.	right foot and leg:
		b.	<u>left</u> foot and leg:

NOTE: IF PARTICIPANT RATES CURRENT PAIN AS "8" OR ABOVE, THEN REFER PARTICIPANT TO HER PRIMARY CARE PROVIDER OR A NEUROLOGIST.

WIH	SID#				
		C	ECTION C. NEI	JROPATHY SIGNS	
		3.	ECTION C: NEC	ROPATHY SIGNS	
Hav a Ry cont of th	e the participant sit del-Seiffer 64/128 F rol on the participa te distal interphalan	on the edge Iz tuning for nt's wrist. M ngeal (DIP) j The partici	of the exam table rk hard enough the Next, watch the tin oint of the great to pant should say the	ON OF VIBRATION: with her legs hanging over to at the disks audibly touch. In our as you place the stem gence. Stop measuring when the nat the vibration stops when	First, establish a vibration ntly but firmly on the top e participant indicates
C1.	I am going to put the as soon as it stops.	ne tuning forl	on your toe. I wa	nt you to tell me if you feel th	e vibration and
	a. RIGHT b. LEFT			TTER 0 – 8 IN 0.5 INCREME ERWISE ENTER "-9" IF MI	
<u>For</u>	clinician reference:	Normal refe	erence values for I	Lower Extremities	
_	AGE VAL ≤40 yo ≥4.5 41-60 yo ≥4.0 61-85 yo ≥3.5 >85 yo ≥3.0	UES			
INSTRUCTIONS FOR EVALUATING KNEE DEEP TENDON REFLEXES: The participant should be seated with the lower legs dangling freely. Use a Queen's Square hammer to strike the knee just below the patella. The Patellar tendon reflex is observed as an extension of the lower leg, appearing after a slight delay from the time the Patellar tendon was struck. If the reflex cannot be elicited, try again with the Jendrassik maneuver (C4).					
C2.	Please close your e	yes and relax			
		ABSENT	HYPOACTIVE	NORMAL, INCREASED, OR CLONUS	UNABLE TO EVALUATE OR DID NOT ASSESS
	a. RIGHT	0	1	2	-9
	b. LEFT	0	1	2	-9
C3.				EFLEXES NORMAL, INCRE SKIP TO QUESTION C5. I	
	•	YES		1 (C5	5)

NO......2 (C4)

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INSTRUCTIONS FOR EVALUATING KNEE DEEP TENDON REFLEXES USING THE JENDRASSIK MANEUVER: The Jendrassik Maneuver need only be conducted on the side where the reflex was <2. The participant should clasp her hands with one thumb up, the other thumb down, and then interlace the fingers. Instruct the participant that, on the count of three, she should pull outwards while keeping her fingers intertwined. Once she starts pulling, try to elicit the patellar tendon reflex again.						
C4.	Please close your e	eyes and rela	x. On the count of	three, tightly pull your hands.		
		ABSI	ENT HYPOAC	CTIVE NORMAL, INCRE OR CLONU	, NIA	
	a. RIGHT	(1	2	3	
	b. LEFT	(1	2	3	
<u>INSTRUCTIONS FOR EVALUATING ANKLE DEEP TENDON REFLEXES:</u> With the participant seated, use one hand to press upward on the ball of the foot, dorsiflexing the participant's ankle to 90 degrees. Use a Queen's Square hammer to strike the Achilles tendon. The tendon reflex is felt by the examiner's hand as a plantar flexion of the foot, appearing after a slight delay from the time the Achilles tendon was struck. If the reflex cannot be elicited, try again with the Jendrassik maneuver (C7).						
C5.	Please close your e	eves and rela	Κ.			
	y o ur c	ABSENT	HYPOACTIVE	NORMAL, INCREASED, OR CLONUS	UNABLE TO EVALUATE OR DID NOT ASSESS	

	ABSENT	HYPOACTIVE	NORMAL, INCREASED, OR CLONUS	OR DID NOT ASSESS
a. RIGHT	0	1	2	-9
b. LEFT	0	1	2	-9

C6. ARE <u>BOTH</u> THE RIGHT AND LEFT NORMAL, INCREASED, OR CLONUS (i.e., "2" is circled for both C5a and C5b)?

YES1	(C8)
NO2	(C7)

INSTRUCTIONS FOR EVALUATING ANKLE DEEP TENDON REFLEXES USING THE JENDRASSIK MANEUVER:

The Jendrassik Maneuver need only be conducted on the side where the reflex was <2. The participant should clasp her hands with one thumb up, the other thumb down, and then interlace the fingers. Instruct the participant that, on the count of three, she should pull outwards while keeping her fingers intertwined. Once she starts pulling, try to elicit the reflex again.

C7. Please close your eyes and relax. On the count of three, tightly pull your hands.

	ABSENT	HYPOACTIVE	OR CLONUS	NA
a. RIGHT	0	1	2	3
b. LEFT	0	1	2	3

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NOTE:	DIFFERENT PROCESSES DIABETES, HEPATITIS C HIV, AND SOMETIMES T	CAN AFFECT NERVE I , NORMAL AGING, THI HE HIV VIRUS ITSELF.	E TELL HER THAT MANY FUNCTION. THESE INCLUDE E MEDICATIONS USED TO TREAT IF SHE HAS FURTHER CONCERNS, TOOCTOR OR TO A LOCAL HIV-
C8.	TIME MODULE ENDED:	_ :	AM