

B3. Sometimes people feel a sensation after they have been sitting for too long in one place on a hard surface. This is what I mean by “pins and needles.”

Have you ever had “pins and needles” in both feet, or both feet and both legs, at around the same time? (**PROBE:** I am not asking about “pins and needles” caused by sitting for too long.)

- YES1
 NO2 (B5)

On a scale of 1 to 10, where 1 is mild and 10 is severe, please rate to what extent this bothered you in the...

- a. right foot and leg: |__| |__|
 b. left foot and leg: |__| |__|

B4. In the last 6 months, have you had “pins and needles” in both feet, or both feet and both legs, at around the same time?

- YES1
 NO2 (B5)

On a scale of 1 to 10, where 1 is mild and 10 is severe, please rate to what extent this bothered you in the...

- a. right foot and leg: |__| |__|
 b. left foot and leg: |__| |__|

B5. Sometimes people have Novocaine or Orajel administered to their gums by a dentist. Even if you tap their lips and mouth, they cannot feel the tap. This is what I mean by numbness.

Have you ever had numbness in both feet, or both feet and both legs, at around the same time? (**PROBE:** I am not asking about numbness caused by Novocaine or Orajel.)

- YES1
 NO2 (C1)

On a scale of 1 to 10, where 1 is mild and 10 is severe, please rate to what extent this bothered you in the...

- a. right foot and leg: |__| |__|
 b. left foot and leg: |__| |__|

B6. In the last 6 months, have you had numbness in both feet, or both feet and both legs, at around the same time?

- YES1
 NO2 (C1)

On a scale of 1 to 10, where 1 is mild and 10 is severe, please rate to what extent this bothered you in the...

- a. right foot and leg: |__| |__|
 b. left foot and leg: |__| |__|

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

SECTION C: NEUROPATHY SIGNS

INSTRUCTIONS FOR EVALUATING PERCEPTION OF VIBRATION:

Have the participant sit on the edge of the exam table with her legs hanging over the side. Strike the end of a Rydel-Seiffer 64/128 Hz tuning fork hard enough that the disks audibly touch. First, establish a vibration control on the participant’s wrist. Next, watch the timer as you place the stem gently but firmly on the top of the distal interphalangeal (DIP) joint of the great toe. Stop measuring when the participant indicates that no vibration is felt. The participant should say that the vibration stops when it is removed. Otherwise, re-do the test. Repeat these steps for the left toe.

C1. I am going to put the tuning fork on your toe. I want you to tell me if you feel the vibration and as soon as it stops.

a. RIGHT |__|.|__|

ENTER 0 – 8 IN 0.5 INCREMENTS.

b. LEFT |__|.|__|

OTHERWISE ENTER “-9” IF MISSING.

For clinician reference: Normal reference values for Lower Extremities

AGE	VALUES
<40 yo	≥4.5
41-60 yo	≥4.0
61-85 yo	≥3.5
>85 yo	≥3.0

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 eyes 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. ARE **BOTH** THE RIGHT AND LEFT KNEE REFLEXES NORMAL, INCREASED, OR CLONUS (i.e., “2” is circled for both C2a and C2b)? IF “YES,” SKIP TO QUESTION C5. IF “NO,” GO ONTO QUESTION C4.

YES 1 (C5)

NO 2 (C4)

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

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

INSTRUCTIONS FOR EVALUATING ANKLE DEEP TENDON REFLEXES:

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 eyes 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

C6. ARE BOTH 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	NORMAL, INCREASED, OR CLONUS	NA
a. RIGHT	0	1	2	3
b. LEFT	0	1	2	3

