

Enrolling physician: \_\_\_\_\_

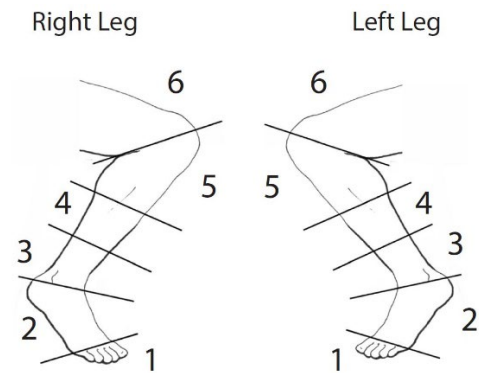
Subject ID: \_\_\_\_\_

## Utah Early Neuropathy Scale Testing

### Pinprick

Score: 0= normal, 1= decreased, 2= absent

	Right	Left
Toes		
Foot		
Above Ankle		
Mid Shin		
Below Knee		
Above Knee		



**Allodynia/Hypersensitivity** present in feet? (0= normal, 1= present)

<b>Right Foot:</b>	
<input type="checkbox"/> Normal (absent)	<input type="checkbox"/> Abnormal (present)
<b>Left Foot:</b>	
<input type="checkbox"/> Normal (absent)	<input type="checkbox"/> Abnormal (present)

### Feet Appearance

<b>Right Foot</b>	
<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
<b>If abnormal:</b>	
<input type="checkbox"/> Infection	<input type="checkbox"/> Deformities
<input type="checkbox"/> Fissures	<input type="checkbox"/> Dry skin, callus
<input type="checkbox"/> Other: _____	

<b>Left Foot</b>	
<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
<b>If abnormal:</b>	
<input type="checkbox"/> Infection	<input type="checkbox"/> Deformities
<input type="checkbox"/> Fissures	<input type="checkbox"/> Dry skin, callus
<input type="checkbox"/> Other: _____	