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Transthyretin Amyloidosis

Neuropathy Questionnaire

Patient Name _____ Date / /
(mm/dd/yyyy)

Symptoms

1 Are you unable to differentiate hot from cold (for example, when getting in the shower or bath)?
 Never Some of the time Most of the time Always

2 Are you unable to sweat even when you are hot?
 Never Some of the time Most of the time Always

3 Do you feel numbness, tingling, burning or prickling sensation in the hands or feet?
 Never Some of the time Most of the time Always

4 Do you have difficulty with balance (for example, in the shower or at night time or other times)?
 Never Some of the time Most of the time Always

5 Do you require an aid to walk and/or move around?
 No Cane Walker Wheelchair

6 Do your hands or arms ever 'fall asleep', go 'dead' or get numb during the night?
 Never Some of the time Most of the time Always

Past Medical History

7 Have you ever had a stroke or transient ischemic attack (TIA or mini-stroke)?
 No Yes

8 Do you have a history of carpal tunnel syndrome?
 No Yes

Continued »

Past Medical History (continued)

9 Have you ever been diagnosed with neuropathy?

No Yes

10 Do you have, or have you ever had spinal stenosis (lumbar, cervical or other)?

No Yes
