



LOMA LINDA UNIVERSITY
HEALTH

Neuropathic Therapy Center

Lower Extremity Neuropathy Questionnaire

PATIENT TO COMPLETE:

Thank you for taking a few moments to tell us how you are living with neuropathy in your feet or legs. Please answer the questions keeping in mind how the neuropathy has been this past week. Remember that these questions are about living with neuropathy, not other health problems.

How much numbness do you have? (please circle a number)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
None at all Worst numbness possible

How much pain do you have (please circle a number)?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
None at all Worst numbness possible

Other new sensations (examples included tingling, cramping, pressure, pins and needles) that started when my neuropathy started are: (please circle a number)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
None at all Worst numbness possible

How is your balance when walking on broken or uneven ground (e.g., grass, dirt, broken pavement)? (please circle a number)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
None at all Worst numbness possible

About how many times have you lost your balance over the past week due to neuropathy? _____

How high up your legs do you have numbness?

On my left leg, up to my ...	On my right leg ...
___ knee or above	___ knee or above
___ between ankle and knee	___ between ankle and knee
___ up to the ankle	___ to my ankle
___ up to the ball of foot	___ the ball of my foot
___ only at tips of toes	___ only at tips of toes
___ I do not have symptoms	___ I do not have symptoms

Patient Numbness Score: _____

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Patient Name _____ Date: _____ MR# _____



Lower Extremity Neuropathy Scale – Clinician

1. Muscle Strength Assessment -

Right:

- a. Unable to break resistive ankle motions with reasonable force (4/5)
- b. Able to break resistive ankle motions with 4/5 force

Left:

- a. Unable to break resistive ankle motions with reasonable force (4/5)
- b. Able to break resistive ankle motions with 4/5 force

Muscle Strength Score: _____

2. Vibratory Assessment

Region Assessed	End of toe	Lateral malleolus	Middle Tibia	Medial Condyle
	<u>Tuning fork:</u> Normal? Y or N or <u>Biothesiometer</u> Less than 4.0? Y or N	<u>Tuning fork:</u> Normal? Y or N or <u>Biothesiometer</u> Less than 9.0? Y or N	<u>Tuning fork:</u> Normal? Y or N or <u>Biothesiometer</u> Less than 9.0? Y or N	<u>Tuning fork:</u> Normal? Y or N or <u>Biothesiometer</u> Less than 9.0? Y or N
Right				
Left				

Vibratory Score: _____

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Patient Name _____ Date: _____ MR# _____



3. Monofilament Assessment - 3 Dorsal Sweeps (monofilament grades listed below)

Right

Left

- ___ Below 3.6
- ___ Between 3.61 and 3.99
- ___ Between 4 and 4.99
- ___ Between 5 and 5.99
- ___ 6 and greater

- ___ Below 3.6
- ___ Between 3.61 and 3.99
- ___ Between 4 and 4.99
- ___ Between 5 and 5.99
- ___ 6 and greater

Monofilament Score: _____

4. Pain Sensation Assessment (When the patient initially feels a prick when assessed with pin wheel)

Right

Left

- ___ Big toe
- ___ Over middle of foot
- ___ Over ankle
- ___ Over middle of tibia
- ___ Above knee

- ___ Big toe
- ___ Over middle of foot
- ___ Over ankle
- ___ Over middle of tibia
- ___ Above knee

Pain Felt Score: _____

5. Gait Velocity and Assist Needed

1. Patient has acceptable gait velocity
2. Patient has reduced gait velocity and has a "careful" gait pattern
3. Patient requires assistive device with gait
4. Patient is non-ambulatory

Gait Velocity and Assist Score: _____

6. Gait Detailed

1. Patient has a normal gait pattern
2. Patient does not push off with toes during terminal stance phase but forefoot of leg during swing phase passes opposite lower extremity
3. Patients forefoot of leg during swing phase does not pass opposite leg.
4. Patient requires assistive device or is non-ambulatory

Gait Detailed Score: _____

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Patient Name _____ Date: _____ MR# _____



7. Balance - Single Leg Stance:

Right

- ___ SLS greater than 5 seconds
- ___ SLS between 3 and 5 seconds
- ___ SLS between 1 and 3 seconds
- ___ SLS less than 1 second

Left

- ___ SLS greater than 5 seconds
- ___ SLS between 3 and 5 seconds
- ___ SLS between 1 and 3 seconds
- ___ SLS less than 1 second

SLS Balance Score: _____

8. Balance - Heel toe:

Heel toe

- a. Able to walk 30 feet with no loss of balance
- b. Able to walk 30 feet with loss of balance one time
- c. Able to walk 30 feet with loss of balance two times
- d. Able to walk 30 feet with loss of balance three times or greater.

Balance -Heel toe Score: _____

Total for LENS Questionnaire: _____/54 times 100 = _____

Total for LENS Clinical: _____/41 times 100= _____

Total LENS Score (LENS Questionnaire total + Clinical LENS total divided by 2) _____

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Patient Name _____ Date: _____ MR# _____