Peripheral Nerve Localization Form

INSTRUCTIONS:

The purpose of this questionnaire is to identify difficulties that you may be experiencing. Please answer every question, do not skip any questions and select which best fits for all of your answers.

NAME: DATE:

Peripheral Nerves Intake		Yes	No	Pain Level 0	1	2	3	4	5	6	7	8	9	10
1.	Do you have pain in your spine?	○	○	○	○	○	○	○	○	○	○	○	○	○
2.	Do you have pain in your arms?	○	○	○	○	○	○	○	○	○	○	○	○	○
3.	Do you have pain in your legs?	○	○	○	○	○	○	○	○	○	○	○	○	○
4.	Do you have pain over your abdomen / torso?	○	○	○	○	○	○	○	○	○	○	○	○	○
5.	Do you have weakness in your back?	○	○											
6.	Do you have weakness in your shoulders?	○	○											
7.	Do you have weakness in your hips or glutes?	○	○											
8.	Do you have weakness in your arms?	○	○	○ Mild	○ Moderate	○ Severe								
9.	Do you have weakness in your legs?	○	○	○ Mild	○ Moderate	○ Severe								
10.	Do you have weakness in your feet?	○	○	○ Mild	○ Moderate	○ Severe								
11.	Do you have weakness on one side of the body?	○	○	○ Mild	○ Moderate	○ Severe								
12.	Do you have cramping?	○	○	○ Mild	○ Moderate	○ Severe								
13.	Do you get weak with exercises or movement?	○	○	○ Mild	○ Moderate	○ Severe								
14.	Do your muscles cramp and freeze with movement?	○	○	○ Mild	○ Moderate	○ Severe								
15.	Do you have a loss in muscle size? Where: _____	○	○	○ Mild	○ Moderate	○ Severe								
16.	Have your noticed your muscles jumping? Where: _____	○	○	○ Mild	○ Moderate	○ Severe								
17.	Do you have weakness with your face?	○	○	○ Mild	○ Moderate	○ Severe								
18.	Do you have problems talking?	○	○	○ Mild	○ Moderate	○ Severe								
19.	Do you have problems swallowing?	○	○	○ Mild	○ Moderate	○ Severe								
20.	Do you have sensory loss or pain down your arm?	○	○	○ Mild	○ Moderate	○ Severe								
21.	Do you have sensory loss or pain down your leg?	○	○	○ Mild	○ Moderate	○ Severe								
22.	Do you have sensory loss on once side of the body?	○	○	○ Mild	○ Moderate	○ Severe								
23.	Do your have sensory loss over your shoulders?	○	○	○ Mild	○ Moderate	○ Severe								
24.	Do you have sensory loss with one arm or portion of the arm?	○	○	○ Mild	○ Moderate	○ Severe								
25.	Do you have sensory loss with one or both hands or a single finger? If so, which areas: _____	○	○	○ Mild	○ Moderate	○ Severe								
26.	Do you have bowel or bladder control issues?	○	○	○ Mild	○ Moderate	○ Severe								
27.	Do you have sensory loss over your abdomen or torso?	○	○	○ Mild	○ Moderate	○ Severe								
28.	Do you have pain or sensory loss over your hips?	○	○	○ Mild	○ Moderate	○ Severe								
29.	Do you have pain or sensory loss in one or both legs?	○	○	○ Mild	○ Moderate	○ Severe								
30.	Do you have sensory loss in your feet or a portion of your foot. If so where: _____	○	○	○ Mild	○ Moderate	○ Severe								
31.	Do you have sensory loss in your face? If so where: _____	○	○	○ Mild	○ Moderate	○ Severe								
32.	Do you have high arches?	○	○											
33.	Do you have hammertoes?	○	○											

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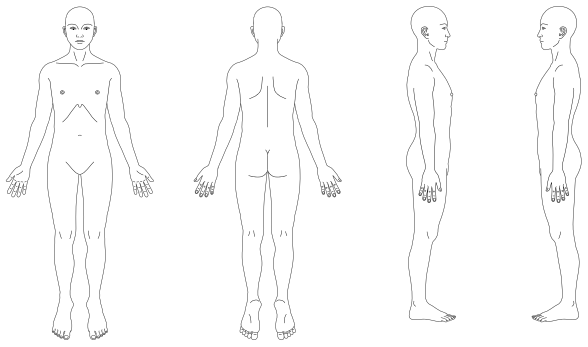
Gait:		Yes No	Pain Level
1.	Do you fall frequently? How Often: _____	○Yes ○No	
2.	Do you have a hard time standing on your toes or heels?	○Yes ○No	○Mild ○Moderate ○Severe
3.	Do you fall to one side?	○Yes ○No	○Mild ○Moderate ○Severe
4.	Do you walk with your legs wide or far apart?	○Yes ○No	○Mild ○Moderate ○Severe
5.	Do you waddle when you walk?	○Yes ○No	○Mild ○Moderate ○Severe
6.	Do you have a hard time going up or down stairs?	○Yes ○No	○Mild ○Moderate ○Severe
7.	Is one or both arms tight or spastic?	○Yes ○No	○Mild ○Moderate ○Severe
8.	Is one or both of your legs spastic?	○Yes ○No	○Mild ○Moderate ○Severe
9.	Do your feet slap when you walk?	○Yes ○No	○Mild ○Moderate ○Severe
10.	Do you have to high step when you walk?	○Yes ○No	○Mild ○Moderate ○Severe
11.	Do you shuffle when you walk?	○Yes ○No	○Mild ○Moderate ○Severe
12.	Is it hard to start walking?	○Yes ○No	○Mild ○Moderate ○Severe
13.	Is it hard to turn if you stop walking?	○Yes ○No	○Mild ○Moderate ○Severe

DOCTOR USE ONLY:



SIGNATURE: DATE: