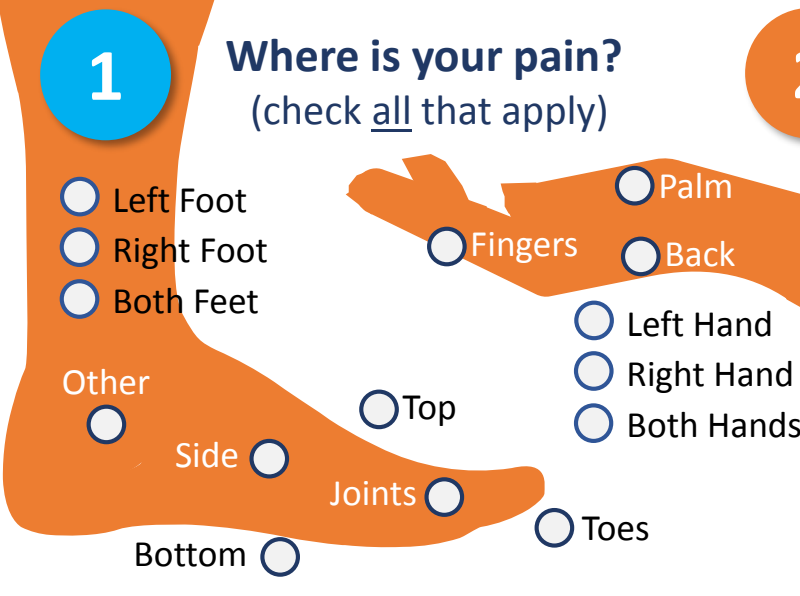


Guide to Discuss My Symptoms With My Healthcare Providers (HCPs)

ACPA does not offer medical advice. Always consult a medical professional with all healthcare concerns.

1

Where is your pain? (check all that apply)

- 
- Left Foot
 - Right Foot
 - Both Feet
 - Other
 - Side
 - Bottom
 - Top
 - Joints
 - Toes
 - Palm
 - Fingers
 - Back
 - Left Hand
 - Right Hand
 - Both Hands

2

Describe Your Pain (check all that apply)

- Pricking
- Tingling
- Pins & Needles
- Electric or Shooting
- Hot or Burning
- Numbness
- Itching
- Evoked by Touch
- Cold or Freezing
- Other

3

Rate Your PDPN Pain and Symptoms

<i>Example</i>	None	Moderate	X	Severe
Pain Level	None	Moderate		Severe
Sensitivity to Touch	None	Moderate		Severe
Sensitivity to Heat	None	Moderate		Severe
Sensitivity to Cold	None	Moderate		Severe

Rate Your Physical and Emotional Functioning

Impact on Walking	None	Moderate		Severe
Muscle Weakness	None	Moderate		Severe
Loss of Balance	None	Moderate		Severe
Feeling Depressed	None	Moderate		Severe
Feeling Anxious	None	Moderate		Severe

Rate How PDPN Impacts Your Daily Life

Family	None	Moderate		Severe
Sleep	None	Moderate		Severe
Work	None	Moderate		Severe

Date

__/__/____