

Diabetic Nerve Pain Discussion Guide

Answer the following 6 questions and discuss the results with your doctor. This questionnaire does not provide a diagnosis, but it is a tool to help you and your doctor find a treatment that's right for you.

1 How long has it been since you were diagnosed with diabetic nerve pain?

- Less than 3 months** **3-6 months**
 More than 6 months **Have not been diagnosed**

2 In the last week, how many days have you had this pain?

0 1 2 3 4 5 6 7

3 Rate the severity of your pain:

(Circle a number on the scale below with 0 being no pain and 10 being the most severe.)

0 1 2 3 4 5 6 7 8 9 10

4 My diabetic nerve pain worsens:

(Check all that apply.)

- In the morning** **In the evening**
 In the afternoon **While sleeping**

5 In the last 4 weeks, has your diabetic nerve pain interfered with the ability to do any of the following?

(Check all that apply.)

- Sleep** **Take care of my family**
 Concentrate **See friends**
 Work **Finish household chores**
 **Participate in hobbies
or activities**

6 Are you currently taking a medication to treat your diabetic nerve pain?

- No**
 Yes

If yes, what are you taking? _____