

# NEUROPATHY ASSESSMENT SURVEY (NAS)

As you are following along with the seminar presentation, please use this checklist to gauge where you stand with the progression of Peripheral Neuropathy. This information will be helpful for our Doctor to help you figure out your candidacy for our Neuropathy Care Program.

- ☐ 1. **Trouble Walking / Slower**
- ☐ 2. **Balance Issues / Concerns**
- ☐ 3. **Difficulty on Stairs**
- ☐ 4. **Trouble Falling Asleep / Staying Asleep**
- ☐ 5. **Burning / Freezing**
- ☐ 6. **Pins / Needles**
- ☐ 7. **Pain / Numbness**
- ☐ 8. **Swelling**
- ☐ 9. **Fatigue / Heaviness**
- ☐ 10. **Difficulty Driving / Feeling Pedals**
- ☐ 11. **Tightness / Saran Wrap / Tight Band**
- ☐ 12. **Sponge / Marshmallow / Bunched Up Sock Feeling Under Feet**
- ☐ 13. **Loss of Independence**
- ☐ 14. **Unable to Enjoy Outdoors, Gardening, Yard Work**
- ☐ 15. **Do Not Get Out with Family/Friends as much anymore**
- ☐ 16. **Difficult to Play with Grandkids / Attend their Events / Sports / Graduation**
- ☐ 17. **Difficulty Traveling/Vacations**
- ☐ 18. **Difficulty with Beach / Trails / Camping / Uneven Surfaces**
- ☐ 19. **Difficulty Walking the Dog**
- ☐ 20. **Trouble Riding in the Car / Motorcycle for a longer trip**
- ☐ 21. **Trouble Entertaining / Cooking / Cleaning / Being on your feet**
- ☐ 22. **Falls / Complications of Falls**
- ☐ 23. **Loss of Inspiration to be Active**
- ☐ 24. **Unable to Enjoy Life / Retirement as you had imagined**
- ☐ 25. **Mental / Emotional Impact - Fear, Anxiety, Frustration, Worry, Depression, Concern of Becoming a Burden to Family**

**TOTAL NAS SCORE: \_\_\_\_ /25**