

DIABETIC QUESTIONNAIRE

Name _____

Date _____

1. Do you ever feel numbness in your feet?
Y/N
2. Do you ever feel tingling in your feet?
Y/N
3. Do you ever experience burning in your feet?
Y/N
4. Does it ever feel like insects are crawling on your feet?
Y/N
5. Do you ever experience pain in your feet during the night that keeps you awake?
Y/N