



31714



OFFICE USE ONLY

Observer ID

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AusDiab: Diabetes Complications Survey Form

SIGNS AND SYMPTOMS IN FEET & LEGS

1. Have you ever had a foot ulcer (defined as - full thickness skin break below the malleoli for more than 1 week)?

Yes

No

Don't Know

2. If yes, What was the cause? (eg shoes)

Site

3. How long ago did you have the ulcer?

In the last month

In the last year

In the last 3 years

More than 3 years ago

4. Do you get any pain or discomfort in your legs or feet?

Yes

No

Don't Know

If no, go on to foot examination Q15

5. How would you describe the pain or discomfort? (Mark all types of pain)

Burning / numb / tingling

Aching / cramp-like / tired

Other



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6. When is the pain the worst?

During the night Day and night the same During the day

7. Does the pain ever wake you at night?

Yes No

8. Do any of the following help or reduce the pain?

Walking

Multiple responses allowed

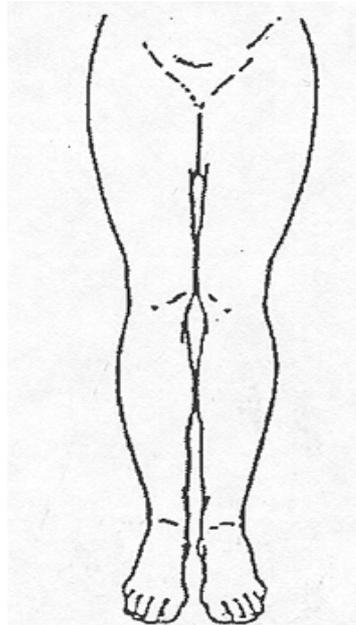
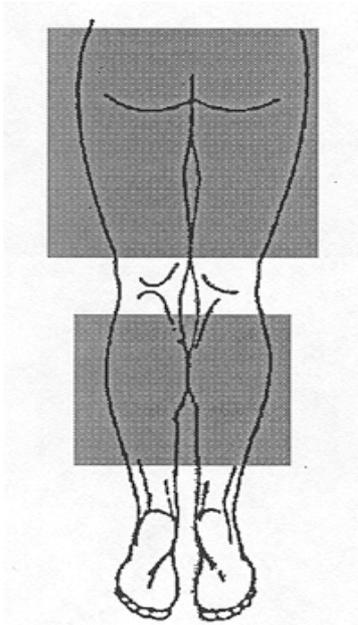
Standing

Sitting down or lying down

Other (including medication)

9. Where do you get this pain or discomfort?

Mark in the place(s) with an "x" on the diagram



(Score only the highest scoring site)

2. Feet

1. Knee to ankle

0. Anywhere else



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10. Do you ever get a pain or discomfort in your legs(s) when you walk?

Yes

No

I am unable to walk

If the answer to Q10 is "Yes", answer Q11-14, otherwise go to Q15.

11. Does this pain ever begin when you are standing still or sitting?

Yes

No

Don't Know

12. Do you get this pain if you walk uphill or hurry?

Yes

No

Don't Know

13. What happens to this pain if you stand still?

Usually continues for more than 10 minutes

Usually disappears in 10 minutes or less?

14. Is there a cross in either of the shaded areas?

Yes

No

15. Is a foot ulcer present?

Yes

No

16. If yes, where is the ulcer located?



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17. Examine ankle reflexes

Normal	0	Left	Right
Reinforcement	1	<input type="checkbox"/>	<input type="checkbox"/>
Absent	2		

Examine sensation on the great toe with a pin and tuning fork?
(Vibration and Temperature)

Normal 0
Abnormal 1

	Left	Right
Vibration	<input type="checkbox"/>	<input type="checkbox"/>
Pin-prick	<input type="checkbox"/>	<input type="checkbox"/>
Temperature	<input type="checkbox"/>	<input type="checkbox"/>

Total score out of 10

18. Pressure perception threshold No 0 Yes 1

	Left	Right
Great toe	<input type="checkbox"/>	<input type="checkbox"/>
1st met head	<input type="checkbox"/>	<input type="checkbox"/>
5th met head	<input type="checkbox"/>	<input type="checkbox"/>

Total score out of 6

19. Ankle brachial pressure index (ABPI)

Arm pressure (mmHg)		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Ankle / foot pressure (mmHg)	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>

20. Measure blood pressure lying **and** standing (after 60 seconds)

	Systolic (mmHg)	Diastolic 5th (mmHg)		Systolic (mmHg)	Diastolic 5th (mmHg)
LYING	<input type="text"/>	<input type="text"/>		STANDING	<input type="text"/>
	<input type="text"/>	<input type="text"/>			<input type="text"/>

PROCEDURES COMPLETED

- Finger prick glucose
- Retinal photography
- Foot questions
- Standing BP
- Foot examination