

# Small Fiber Neuropathy Screening List (SFNSL)

Below are a number of questions about possible complaints. Please circle the answer to each question that is applicable to you. Please give an answer to each question, even if you do not have any complaints at the moment. The aim of this questionnaire is to find out how you experience your complaints.

**There are no correct or incorrect answers. It is important that you are honest.**

## Part 1. These questions are aimed at finding out how often you experience the following complaints.

	never	sometimes	variably	often	always
1. I have painful arms					
2. I suffer from palpitations					
3. I have problems with my bowel movements					
4. I have difficulties with urinating (either in emptying my bladder or being able to hold my water)					
5. My food does not seem to go down well					
6. I suffer from muscle cramps					
7. My feet and/or hands are colder than I am used to					
8. I have chest pain					

## Part 2. These questions are aimed at finding out how serious your complaints are.

	not at all	slightly	variably	moderately	seriously
9. I have the feeling that my food gets stuck in my throat					
10. At night I throw the bedclothes off my legs					
11. I have difficulties with urinating (either in emptying my bladder or being able to hold my water)					
12. I have dry eyes					
13. I have blurred vision					
14. I feel dizzy when I get up					
15. I have sudden hot flushes					
16. My feet and/or hands are colder than I am used to					
17. I have painful arms					
18. The skin of my legs is over-sensitive					
19. I have a tingling sensation in my hands (pins and needles)					
20. I have a tingling sensation in my legs (pins and needles)					
21. I have chest pain					

### Reference

Hoitsma E, De Vries J, Drent M. The small fiber neuropathy screening list: construction and cross-validation in sarcoidosis. *Respir Med* 2011; 105: 95-100. <http://www.ncbi.nlm.nih.gov/pubmed/20889323>

