

Date: \_\_\_\_\_

Institution: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

Hospital Chart #: \_\_\_\_\_

Participant Number: \_\_\_\_\_

## Treatment-Induced Neuropathy Assessment Scale (TNAS)

### Part I. How severe are your neuropathy symptoms?

People receiving therapy frequently have symptoms that are caused by treatment. We ask you to rate how severe the following neuropathy symptoms have been **in the last 24 hours**. Please select a number from 0 (neuropathy symptom has not been present) to 10 (neuropathy symptom was as bad as you can imagine it could be) for each item.

	Not present	0	1	2	3	4	5	6	7	8	9	As bad as you can imagine
1. <b>Numbness</b> in your arms, legs, hands, or feet at its WORST?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. <b>Tingling</b> in your arms, legs, hands, or feet at its WORST?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. <b>Pain</b> in your arms, legs, hands, or feet at its WORST?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. <b>Hot or burning sensations</b> in your arms, legs, hands, or feet at their WORST?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Feelings of <b>coldness</b> in your hands or feet at its WORST?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Part II. How have your neuropathy symptoms interfered with your life?

Symptoms frequently interfere with how we feel and function. How much have your neuropathy symptoms interfered with the following items **in the last 24 hours**? Please select a number from 0 (neuropathy symptoms have not interfered) to 10 (neuropathy symptoms interfered completely) for each item.

	Have not interfered	0	1	2	3	4	5	6	7	8	9	Interfered completely
6. <b>Difficulty using</b> your hands or fingers at its WORST?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble <b>walking</b> at its WORST?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Trouble with your <b>balance or falling</b> at its WORST?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. <b>Disturbed sleep</b> at its WORST?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>