

Neuropathy Symptom Tracker

Comprehensive 6-page peripheral neuropathy tracking template — numbness, tingling, progression mapping, contributing factors, medication response, and neurologist-ready summaries.

Name:

Date Range:

Pain Scale Reference (0–10 NRS)

0

1

2

3

4

5

6

7

8

9

10

0 = No Pain5 = Moderate10 = Worst Possible

Daily Neuropathy Symptoms

Rate symptoms 0-10 or mark present (Y). Track daily to monitor progression and treatment response.

Date	Numbness (0-10)	Tingling (0-10)	Burning (0-10)	Shooting Pain	Weakness (0-10)	Balance (1-5)	Sleep (1-5)

Affected Areas — Severity Tracking

Use: M=Mild, Mod=Moderate, S=Severe. Track which areas are affected to monitor stocking-glove progression.

Date	Feet	Lower Legs	Hands	Forearms	Other Areas	Symmetrical?

Monthly Progression Map

Track progression weekly / monthly. Peripheral neuropathy typically progresses distally to proximally. Rapid progression requires urgent evaluation.

Area	Month 1	Month 2	Month 3	Month 4	Trend	Notes
Toes						
Feet (soles)						
Ankles > calves						
Knees > thighs						
Fingertips						
Hands (palms)						
Wrists > forearms						

Neuropathy Type Assessment

Different neuropathy types affect different fibers. Track which symptoms dominate — this guides diagnosis.

Fiber Type	Symptoms	Present? (Y/N)	Severity (0-10)	Getting Worse?
Large fiber (sensory)	Numbness, position sense loss, vibration loss			
Small fiber	Burning, tingling, temperature sensitivity			
Motor	Weakness, muscle wasting, foot drop			
Autonomic	Sweating changes, BP changes, GI issues			

Contributing Factor Log

Many neuropathy causes are modifiable. Track these factors to help your neurologist advise treatment.

Factor	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Blood sugar (fasting)							
A1C (if known): ____							
Alcohol (drinks)							
B12 supplement taken?							
Chemo cycle day							
Exercise (type/min)							
Foot care done?							
Compression use?							

Triggers, Observations & Questions for Neurologist

Medication & Treatment Log

Track neuropathy-specific medications (gabapentin, pregabalin, duloxetine) and underlying cause treatments (diabetes meds, B12, chemo agents). Include topical capsaicin/lidocaine.

Date	Medication / Treatment	Dose	Time Taken	Relief (0-10)	Duration of Relief	Side Effects

Non-Medication Treatments

Track balance training, foot care routines, compression stockings, TENS, contrast baths, and occupational therapy for hand function.

Date	Treatment Type	Duration (min)	Pain Before (0-10)	Pain After (0-10)	Helpful? (Y/N)	Notes

Treatment Effectiveness Summary

Rate each treatment weekly. Note which symptoms respond (numbness, tingling, pain, balance). Underlying cause treatment may take months to show neuropathy improvement.

Treatment	Week 1	Week 2	Week 3	Week 4	Continue? (Y/N)	Notes

Functional Impact Assessment

Rate each activity: 0 = Unable, 5 = Significant difficulty, 10 = Full capacity. Focus on distal function (hands, feet) and balance-dependent tasks.

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Walking / balance							
Fine motor (buttons, coins)							
Gripping objects							
Standing stability							
Foot control (driving)							
Temperature discrimination							
Pain-free sleep							
Exercise tolerance							
Stair climbing							
Typing / touchscreen							

Self-Care & Daily Living

Mark: Y = Independent ~ = Modified / used aids X = Unable H = Needed help from another person.

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Foot care / inspection							
Walking barefoot safely							
Fastening buttons/zippers							
Handling coins/small objects							
Stepping in/out of shower							
Driving (pedal feedback)							
Sleep (numb/tingling limbs)							

Fall Risk Factors, Balance Strategies & Foot Care Log

Weekly Summary — Neuropathy

Complete at end of each week. Bring to appointments. This page tells your doctor how the week went.

Week of: _____

Average Pain Level (0-10): _____

Worst Day (date + level): _____

Best Day (date + level): _____

Flare Days This Week: _____

Sleep Quality Average (1-5): _____

Progression noted? (Y/N): _____

New areas affected?: _____

Falls or near-falls this week: _____

Blood sugar avg (if applicable): _____

Pattern Observations

Stocking-glove progression (new areas): _____

Activities causing most difficulty: _____

Blood sugar or B12 correlations: _____

Balance or fall risk situations: _____

Questions for Next Appointment

1. _____

2. _____

3. _____

4. _____

5. _____

Neuropathy Progression, Contributing Factors & Neurologist Questions