Overall Neuropathy Limitations Scale (ONLS)

	Name:
	Date:

Instructions: The examiner should question **and** observe the patient in order to determine the answers to the following questions. Note should be made of any other disorder other than peripheral neuropathy which limits function at the foot of the page.

ARM SCALE

Does the patient have any symptoms in their hands or arms, eg, tingling, numbness or weakness?	❑ **Yes**	❑ **No**
	(if "no", please go to "legs" section)	

Is the patient affected in their ability to:	**Not affected**	**Affected but not prevented**	**Prevented**
▪ Wash and brush their hair	❑	❑	❑
▪ Turn a key in a lock	❑	❑	❑
▪ Use a knife and fork together (or spoon, if knife and fork not used)	❑	❑	❑
▪ Do or undo buttons or zips	❑	❑	❑
▪ Dress the upper part of their body excluding buttons or zips	❑	❑	❑
▪ If all these functions are prevented can the patient make purposeful movements with their hands or arms?	Yes ❑	No ❑	Not applicable ❑

Arm grade

0 = Normal

1 = Minor symptoms in one or both arms but not affecting any of the functions listed

2 = Disability in one or both arms affecting but not preventing any of the functions listed

3 = Disability in one or both arms preventing at least one but not all functions listed

4 = Disability in both arms preventing all functions listed but purposeful movement still possible

5 = Disability in both arms preventing all purposeful movements

SCORE = _____

LEG SCALE

	Yes	**No**	**Not applicable**
▪ Does the patient have difficulty running or climbing stairs?	❑	❑	❑
▪ Does the patient have difficulty with walking?	❑	❑	❑
▪ Does their gait look abnormal?	❑	❑	❑
▪ How do they mobilize for about 10 meters (ie, 33 feet)?			
• Without aid	❑	❑	❑
• With one stick or crutch or holding to someone's arm	❑	❑	❑
	❑	❑	❑

• With two sticks or crutches or one stick or crutch holding onto someone's arm or frame			
• With a wheelchair	❑	❑	❑
▪ If they use a wheelchair, can they stand and walk 1 meter with the help of one person?	❑	❑	❑
▪ If they cannot walk as above are they able to make some purposeful movements of their legs, eg, reposition legs in bed?	❑	❑	❑
▪ Does the patient use **ankle foot orthoses/braces**? (please circle) **If yes:** (please circle) **right/left**	❑	❑	

Leg grade
0 = Walking/climbing stairs/running not affected
1 = Walking/climbing stairs/running is affected, but gait does not look abnormal
2 = Walks independently but gait looks abnormal
3 = Requires unilateral support to walk 10 meters (stick, single crutch, one arm)
4 = Requires bilateral support to walk 10 meters (sticks, crutches, crutch and arm, frame)
5 = Requires wheelchair to travel 10 meters but able to stand and walk 1 meter with the help of one person
6 = Restricted to wheelchair, unable to stand and walk 1 meter with the help of one person, but able to make some purposeful leg movements
7 = Restricted to wheelchair or bed most of the day, unable to make any purposeful movements of the legs
SCORE = _____

Overall Neuropathy Limitation Scale = arm scale (range 0 to 5) + leg scale (range 0 to 7); (range: 0 (no disability) to 12 (maximum disability))		**TOTAL SCORE = _____**
Is there any disorder, other than peripheral neuropathy, which affects the above functions?	❑ **Yes**	❑ **No**
If **yes** please describe:		

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