

Chronic acquired polyneuropathy – patient-reported index (“CAP-PRI”) scale

Patient instructions: Please indicate how true each statement has been
(for example, over the past few weeks)

1. I am frustrated by my neuropathy.
2. I am bothered by pain from neuropathy.
3. I am off balance when walking because of my neuropathy.
4. I have trouble getting dressed because of my neuropathy.
5. I have trouble sleeping because of my neuropathy.
6. I am bothered by limitations in performing my work (include work at home) because of my neuropathy.
7. I have trouble driving because of my neuropathy.
8. I am dependent on others because of my neuropathy.
9. I am depressed about my neuropathy.
10. I am falling because of my neuropathy.
11. I am preoccupied with my neuropathy.
12. I am unable to do all the leisure activities that I want to do because of my neuropathy.
13. I am worn out because of my neuropathy.
14. I have trouble eating because of my neuropathy.
15. I have trouble doing activities around the house.

Not at all	A little bit	A lot
0	1	2

Total score: _____