**SUPPLEMENTAL TABLES**

Supplemental Table 1. Component findings on the Utah Early Neuropathy Scale among paresthesia cases, clinic controls and community controls.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Scale component** | |  | **Cases  [n (%)]**  **(n=41)** | **Clinic Controls [n (%)]**  **(n=38)** | | **Community Controls  [n (%)]**  **(n=20)** | | **p-value\*** | | |
| Great toe extension | Normal both toes | | 39 (95) | | 37 (100) | | 20 (100) | | | 0.6 |
|  | Weak one toe | | 1 (2.4) | | 0 (0) | | 0 (0) | | |  |
|  | Weak both toes | | 1 (2.4) | | 0 (0) | | 0 (0) | | |  |
| Pin sensation (median, IQR for both legs combined, maximum score = 24) | | | 4 (0, 10) | | 0 (0, 3) | | 0 (0, 5) | | | <0.0001¶ |
| Allodynia | Normal both sides | | 37 (90) | | 38(100) | | 20 (100) | | | 0.05 |
|  | Abnormal both sides | | 4 (10) | | 0 (0) | | 0 (0) | | |  |
| Great toe vibration | Normal | | 19 (46) | | 26 (68) | | 19 (96) | | | 0.10 |
|  | Diminished one side | | 4 (10) | | 3 (8) | | 0 (0) | | |  |
|  | Diminished both sides | | 0 (0) | | 0 (0) | | 1 (5) | | |  |
|  | Absent both sides | | 4 (10) | | 2 (5) | | 0 (0) | | |  |
| Great toe joint position | Normal | | 35 (85) | | 37 (97) | | 20 (100) | | | 0.04 |
|  | Abnormal – both sides | | 6 (15) | | 1 (3) | | 0 (0) | | |  |
| Deep tendon reflex | Normal | | 10 (24) | | 26 (68)( | | 15 (75) | | | 0.0004 |
|  | Diminished one side | | 12 (29) | | 4 (11) | | 2 (10) | | |  |
|  | Diminished both sides | | 6 (15) | | 2 (5) | | 0 (0) | | |  |
|  | Absent one side | | 1 (2) | | 1 (3) | | 0 (0) | | |  |
|  | Absent one side, diminished one side | | 7 (17) | | 4 (11) | | 0 (0) | | |  |
|  | Absent both sides | | 5 (12) | | 1 (3) | | 3 (15) | | |  |
| \*p from the chi-squared or Fisher exact test unless otherwise noted.  ¶p from the non-parametric Kruskall-Wallis test. | | | | |  | |  | |  | |

Supplemental Table 2. Findings from Michigan standardized neurological history and examination among cases, clinic controls, and community-controls.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Neurologic finding:** | **Cases  [N positive (%)]** | **Clinic Controls [N positive (%)]** | **Community Controls  [N positive (%)]** | **p-value\*** |
| Numbness – feet | 39 (95) | 1 (3) | 0 (0) | < 0.0001 |
| Numbness – hands | 33 (80) | 3 (8) | 0 (0) | < 0.0001 |
| Dyesthesias, paresthesias – feet | 38 (95) | 2 (6) | 0 (0) | < 0.0001 |
| Dyesthesias, paresthesias – hands | 32 (78) | 2 (5) | 1 (3) | < 0.0001 |
| Hypersensitivity to touch – feet | 18 (44) | 2 (5) | 1 (5) | < 0.0001 |
| Hypersensitivity to touch – hands | 12 (29) | 1 (3) | 0 (0) | 0.0003 |
| Pain – feet | 27 (66) | 2 (5) | 1 (3) | < 0.0001 |
| Pain – hands | 23 (56) | 1 (3) | 0 (20) | < 0.0001 |
| Motor symptoms |  |  |  |  |
| Ankle weakness | 9 (22) | 0 (0) | 0 (0) | 0.0009 |
| Cramps in the lower extremities (more than once per month)) | 36 (88) | 8 (21) | 2 ( 11) | < 0.0001 |
| Abnormalities of proximal muscles – hip flexion | 1 (3) | 0 (0) | 0 (0) | 0.5 |
| Abnormalities of distal muscles | 2 (5) | 0 (0) | 0 (0) | 0.23 |
| Sensory function of small fibers (decreased pin - compare between top of toe and just below knee) | 25 (61) | 1 (3) | 1 (5) | < 0.0001 |
| Sensory function of large fibers (decreased vibration - strike turning fork as hard as possible and quantitate number of seconds at the 1st MTP) | 23 (61) | 6 (16) | 2 (6) | < 0.0001 |
| Gait and coordination tandem –abnormal | 5 (12) | 2 (5) | 0 (0) | 0.2 |
| Atrophy of foot intrinsic muscles | 2 (5) | 0 (0) | 0 (0) | 0.2 |
| Reflexes – gastroc/soleus – abnormal on either left or right | 21 (51) | 9 (24) | 4 (20) | 0.01 |
| Conclusions – Decreased or absent deep tendon reflexes | 38 (68) | 9 (23) | 2 (11) | <0.0001 |
| Conclusions Abnormal sensory examination not consistent with distal symmetrical polyneuropathy | 11 (28) | 0 (0) | 1 (5) | 0.0007 |
| Conclusions – Does this patient have a clinically evident distal symmetrical polyneuropathy? |  |  |  | <0.0001 |
| Definite yes | 24 (58) | 1 (3) | 0 (0) |  |
| Possible yes | 14 (34) | 8 (21) | 0 (0) |  |
| Conclusions – If the patient has distal symmetrical polyneuropathy, is it small fiber predominant> | 17/20 (85) | 0/5 (0) | 0/1 (0) | 0.0003 |
| Conclusions – Multiple symptoms consistent with a distal symmetrical polyneuropathy | 37 (90) | 0 (0) | 0 (0) | < 0.0001 |
| Conclusions – Multiple examination findings (vibration, proprioception, pinprick EHL weakness, and/or atrophy of the foot intrinsic muscles, but not including reflexes) consistent with distal symmetrical polyneuropathy | `15 (39) | 3 (8) | 0 (0) | 0.0001 |
| Conclusions: If the patient has a peripheral neuropathy is it primarily a diffuse or focal distal symmetrical sensorimotor polyneuropathy? |  |  |  |  |
| Diffuse | 38 (95) | 7 (15) | 1 (5) |  |
| A focal neuropathy (proximal motor neuropathy, mononeuropathy, multiple)? | 2 | 0 | 0 |  |
| Evidence of neurological disorders other than symmetrical sensory motor neuropathy based on neurological history and physical examination |  |  |  | 0.006 |
| No | 21 (54) | 30 (83) | 17 (94) |  |
| Yes - radiculopathy or carpal tunnel syndrome | 11 (28) | 5 (14) | 1 (6) |  |
| Yes - Other neurological condition | 7 (18) | 1 (3) | 0 (0) |  |

\*p from the chi-squared or Fisher exact test.