OBJECTIVES: This study was done to assess the patient-level economic burden of DPN through a cross-sectional study that included 4,000 diabetic patients. METHODS: The diagnosis of DPN was based on signs and symptoms of neuropathic pain as well as MNSI and monofilament test. Cost items mainly included healthcare cost such as outpatient, pharmacy, inpatient, and oriental medicine; non-healthcare cost such as traffic expenses, nursing cost, complementary medicine. To estimate productivity loss due to morbidity, days away from work, days left work early and days accomplished less at work due to DPN were investigated. RESULTS: Among study subjects, 33.5% (n=1,338) had DPN. The monthly average number of out-patient visits as higher in patients with DPN compared to those in patients without DPN, 1.26±1.01, 1.04±0.81, respectively (p<0.0001). Total costs over 3 months were also higher in patients with DPN than in those without DPN (554,426 KRW, 362,357 KRW, respectively, p<0.0001). Within 3 months, 8.5% and 43.4% of patients with DPN had been away from work and reported the decrease work productivity, respectively. In the preceding 3 months, DPN patients missed 2.43 (SD=12.36) days of work, left work early an average of 1.71 (SD=9.90) days, and accomplished less at work an average of 16.24 (SD=31.58) days. CONCLUSION: Our results suggest that the patient-level burden among DPN sufferers in Korea is significant, evidenced by health resource use and work/activity limitations. DPN was associated with greater healthcare cost and decreased work-productivity in Korean patients with diabetes.