



PAIN SCALE FOR PLANTAR FASCIOPATHY (FASCIITIS)

Name: _____ Dx: _____

Date: _____ Date of Birth: _____ Ethnicity: _____ Onset of Pain: _____

VAS: RATE YOUR PAIN ON A SCALE OF 1 TO 100. [$\div 8.3$ = score of _____]

1. How many days a week does pain affect your mobility? (1-7) _____

2. Is the pain on the surface or deep? ____ Surface = 1, Deep = 3

PAIN DESCRIPTION

3. Where is your pain located? _____

0 = Toes, 1 = Ball of foot, 2 = Mid sole, 3 = Bottom of Heel

4. In the past 6 weeks how often have you had pain? _____

0 = Every other week 1 = Once a week 2 = Once a day 3 = Many times a day

5. How often since the onset of pain, have you been pain free? _____

0 = weeks, 1 = days, 2 = hours, 3 = minutes

6. How long does the pain last? _____

0 = only when I over exert, 1 = pain lasts for less than one hour, 2 = pain lasts for one to two hours, 3 = pain lasts for more than two hours

7. In the past 6 weeks what time of day is your pain the worst? (for diagnosis of different problems.) _____

0 = Always the same, 1 = Only in the afternoon, 2 = Both day & night, 3 = Only when you first get up

8. In the past 6 weeks does the pain make it hard to get to sleep? _____

0 = Never, 1 = Some nights, 2 = most nights, 3 = every night

9. In the past 6 weeks, how often does your pain awaken you? _____

0 = Never, 1 = Some nights, 2 = most nights, 3 = every night

10. How difficult is it to cope with your pain? _____

0 = Easy to deal with, 1 = Inconvenient, 2 = Troublesome, 3 = Almost impossible

11. How much does the pain interfere with your athletics or with weight-bearing activities such as walking? _____

0 = never, 1 = occasionally, 2 = frequently, 3 = always

PUBLISHED: *The Foot & Ankle Online Journal*, 2009 May;2(5),1

Adapted format from: *Effective Orthopedic Rehab: Seven Steps to Complete Recovery*. ISBN #141200522-1

MOBILITY/FUNCTION

12. When you awake, how many minutes must elapse before you can walk comfortably? _____
 0 = No time, 1 = less than 10 minutes, 2 = 11 to 30 minutes,
 3 = it takes over 30 minutes until I can walk comfortably
13. Is it more comfortable to walk on your toes than walk flat footed? _____
 0 = No, 3 = Yes
14. Please check the columns below that describe how much your pain affects you in different conditions.
 (If you are unable to perform such a task list check "Severe.")

ACTIVITY	0 = Not at all	1 = Very little	2 = Moderate	3 = Severe
Walking in the morning				
Standing up on your toes				
Driving				
Climbing stairs				
Descending stairs				
Reaching up				
Bending over				
Walking bare foot				
Standing after watching a movie				
Riding a bike				
Running a short distance				

15. How often do you take medication for your pain? _____
 0 = Less than once a week, 1 = Several times per week, 2 = Once Daily,
 3 = More than once every day, since the injury
16. Describe the medication's affect on your pain. _____
 0 = It always stops the pain, 1 = Decreases the pain, 2 = Usually takes the pain away,
 3 = Little or no affect on the pain
17. How does the pain affect you emotionally? _____
 0 = No affect, 1 = It causes anxiety, 2 = The pain worries me daily,
 3 = It makes me consider giving up my recreational activities
18. Rate the limitations that your pain/injury affects your daily life style. _____
 0 = Does not limit your lifestyle, 1 = some activities avoided (i.e., riding in car or sitting in stadium for hours), 3 = You avoid all activity due to injury

Total Score: _____ Date: _____

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