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. [ ÷ 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

Updated: 7/07/09
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.”)

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

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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