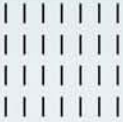

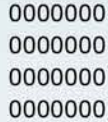
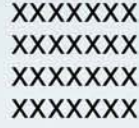


Name: _____ Today's Date: _____

Please shade in the location and type of pain you are having.

 Dull / Aching	 Burning	 Sharp	 Numbness / Tingling
--	--	---	--



Circle
Left Foot
or
Right Foot

Please **circle** things which make your pain worse and **✓** check the things which make the pain better.

- | | | | |
|--------------------------------------|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Tight Shoes | <input type="checkbox"/> Walking | <input type="checkbox"/> Rest | <input type="checkbox"/> Anti-inflammatory Medicines |
| <input type="checkbox"/> Night | <input type="checkbox"/> High Heels | <input type="checkbox"/> Running | <input type="checkbox"/> Hardwood Floors |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Ice | <input type="checkbox"/> Standing | |

How long have you had this problem? _____

Any history of foot problems in the family? _____

My pain discomfort level is: (circle number) 0 1 2 3 4 5 6 7 8 9 10

Name of primary Care Physician (PCP) _____

Date of last visit with PCP: Month: _____ Year: _____

Name: _____ **Today's Date:** _____

I consider the pain in any foot or ankle as: (choose one):

None _____ Mild, occasional _____
Moderate, daily _____ Severe, almost always present _____

I have trouble with everyday activities because of my foot or ankle : Yes No

I have trouble with recreational activities because of my foot or ankle : Yes No

I currently use a cane: ----- Yes No

I currently use crutches, walker or wheelchair: ----- Yes No

How many city blocks can you walk?

6 or more _____; 4-6 _____; 1-3 _____; Less than 1 _____

Choose One:

- I do not have difficulty walking on any surface.
- I have some difficulty on uneven terrain, stairs, inclines or ladders.
- I have severe difficulty on uneven terrain, stairs, inclines or ladders.

Choose One:

- I am able to wear fashionable or conventional shoes.
- I am only able to wear comfortable shoes.
- I currently wear a modified shoe or brace.

I currently wear a shoe insert: ----- Yes No