PFPS  Plantar Fasciitis Pain/Disability Scale

MALE or FEMALE     Dx:      Today's date __ __ __
Date of Birth________   Ethnicity___________   Onset of pain ________

1. **VAS:** Rate your pain on a scale of 1 to 100. _______ + 8.3 = score of ________

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

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

Pain Description

4. Where is your pain located? 0 = Toes, 1 = Ball of foot, 2 = Mid sole, 3 = Bottom of Heel

5. 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

6. How often since the onset of pain, have you been pain free?
   0 = weeks, 1 = days, 2 = hours, 3 = minutes

7. 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

8. In the past 6 weeks what time of day is your pain the worst? (Note this specifically 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

9. 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

10. In the past 6 weeks, how often does your pain awaken you?
     0 = Never, 1 = Some nights, 2 = most nights, 3 = every night

11. How difficult is it to cope with your pain?
     0 = Easy to deal with, 1 = Inconvenient, 2 = Troublesome, 3 = Almost impossible

12. 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

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

13. 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

14. Is it more comfortable to walk on your toes than walk flat footed?
   0 = No, 3 = Yes

15. 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>
<td></td>
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<td></td>
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<tr>
<td>Standing up on your toes</td>
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<td></td>
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<td></td>
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<tr>
<td>Driving</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Climbing Stairs</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Descending Stairs</td>
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<tr>
<td>Reaching up</td>
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<tr>
<td>Bending over</td>
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<td></td>
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<td></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>

16. 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

17. Describe the medications’ 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

18. 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

19. 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 _______