

Podiatric Pain Analysis Survey

Patient name: _____

Please check the following conditions you are currently experiencing or suffering from:

- | | |
|---|--|
| <input type="checkbox"/> Flat Feet | <input type="checkbox"/> Pain in the feet or legs at rest |
| <input type="checkbox"/> Poor coordination | <input type="checkbox"/> Pain in the feet or legs with activity |
| <input type="checkbox"/> Heel or Arch pain | <input type="checkbox"/> Numbness in legs or feet |
| <input type="checkbox"/> Leg pain | <input type="checkbox"/> Burning or tingling in legs or feet |
| <input type="checkbox"/> Back of the heel pain | <input type="checkbox"/> Coldness in the legs or feet |
| <input type="checkbox"/> Swelling in ankles or feet | <input type="checkbox"/> Non/ Poor healing sores on the legs or feet |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Ankle instability (easy twisting injuries) |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Changes in skin color of the feet or toes |
| <input type="checkbox"/> Have you ever had Deep Vein Thrombosis (DVT)? Are you currently experiencing pain or swelling? | |

Do any of the above conditions disrupt your lifestyle and activates of daily living? Yes / No

Is this condition causing or are you suffering with any of the following:

- | Tingling/ Numbness in: | Pain radiating into: | Weakness of the: | Difficulty with: |
|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Leg R / L | <input type="checkbox"/> Ankle R / L | <input type="checkbox"/> Leg R / L | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Ankle R / L | <input type="checkbox"/> Foot R/ L | <input type="checkbox"/> Ankle R / L | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Foot R / L | <input type="checkbox"/> Toes R / L | <input type="checkbox"/> Foot R / L | <input type="checkbox"/> Sitting |
| | | | <input type="checkbox"/> Bending |
| | | | <input type="checkbox"/> Lifting |
| | | | <input type="checkbox"/> Kneeling |