

## PFPS *Plantar Fasciitis Pain/Disability Scale*

MALE or FEMALE  
Date of Birth \_\_\_\_\_

Dx: \_\_\_\_\_  
Ethnicity \_\_\_\_\_

Today's date \_\_\_\_ \_  
Onset of pain \_\_\_\_\_

1. VAS: Rate your pain on a scale of 1 to 100. \_\_\_\_\_  $\div$  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

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.")

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				

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 \_\_\_\_\_