

VISA-A

1. For how many minutes do you have stiffness in the Achilles region on first getting up?

100 mins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 mins
	0	1	2	3	4	5	6	7	8	9	10	

2. Once you are warmed up for the day, do you have pain when stretching the Achilles tendon fully over the edge of a step? (keeping knee straight)

Strong severe pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No pain
	0	1	2	3	4	5	6	7	8	9	10	

**3. After walking on flat ground for 30 minutes, do you have pain within the next 2 hours?
(If unable to walk on flat ground for 30 minutes because of pain, score 0 for this question).**

Strong severe pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No pain
	0	1	2	3	4	5	6	7	8	9	10	

4. Do you have pain walking downstairs with a normal gait cycle?

Strong severe pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No pain
	0	1	2	3	4	5	6	7	8	9	10	

5. Do you have pain during or immediately after doing 10 (single leg) heel raises from a flat surface?

Strong severe pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No pain
	0	1	2	3	4	5	6	7	8	9	10	

6. How many single leg hops can you do without pain?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	

7. Are you currently undertaking sport or other physical activity?

- 0 Not at all
- 4 Modified training ± modified competition
- 7 Full training ± competition but not at same level as when symptoms began
- 10 Competing at the same or higher level as when symptoms began

8. Com Please complete EITHER A, B or C in this question.

A. If you have no pain while undertaking Achilles tendon loading sports, for how long can you train/practise?

Nil	1 à 10 mins	11 à 20 mins	21 à 30 mins	> 30 mins
0	7	14	21	30

B. If you have some pain while undertaking Achilles tendon loading sport, but it does not stop you from completing your training/practice for how long can you train/practise?

Nil	1 à 10 mins	11 à 20 mins	21 à 30 mins	> 30 mins
0	7	14	21	30

C. If you have pain that stops you from completing your training/practice in Achilles tendon loading sport, for how long can you train/practise?

Nil	1 à 10 mins	11 à 20 mins	21 à 30 mins	> 30 mins
0	7	14	21	30

TOTAL SCORE (/100) :

Patient last name:
 Patient first name:

Date of birth: / /
 Date: / /