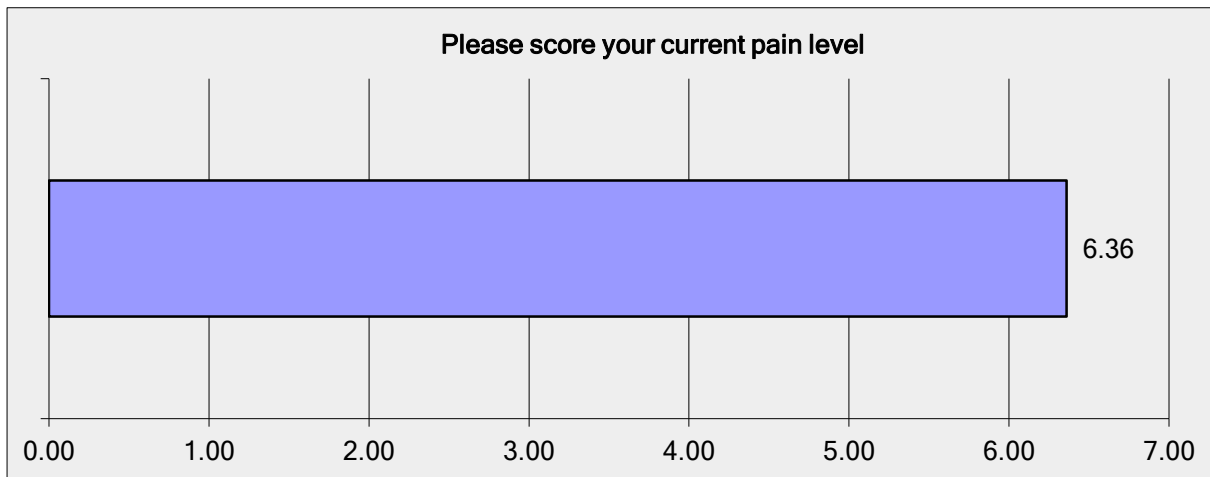
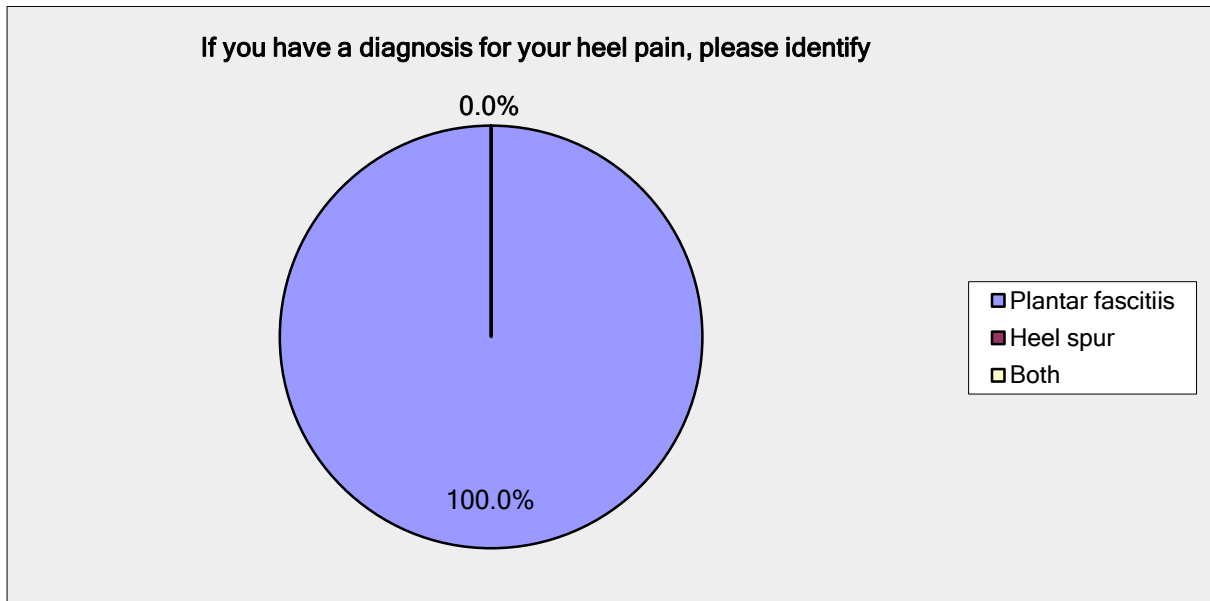
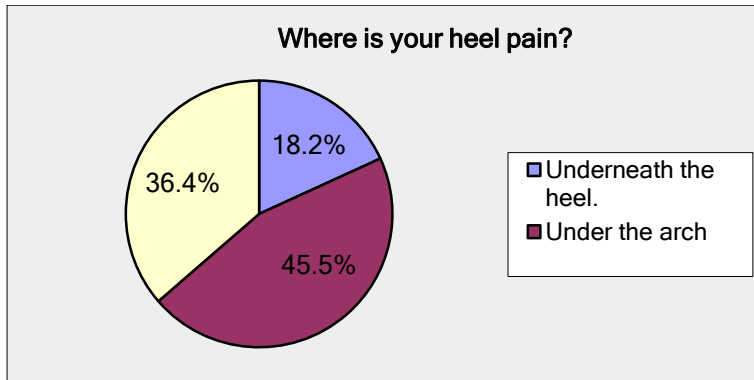
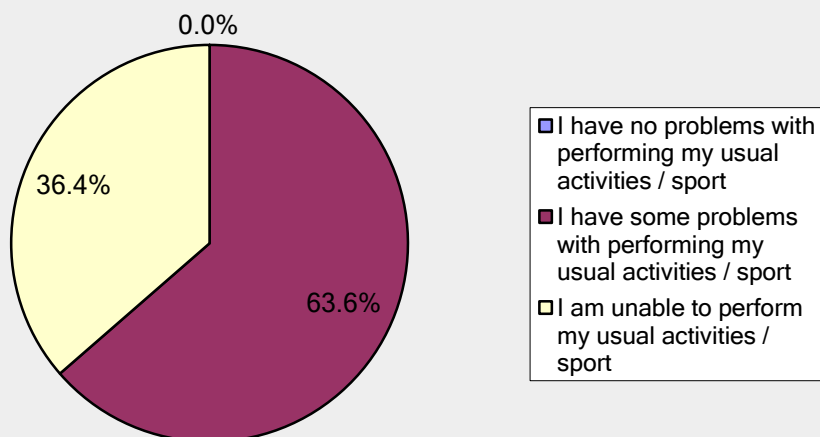


PLANTAR FASCIITIS SURVEY

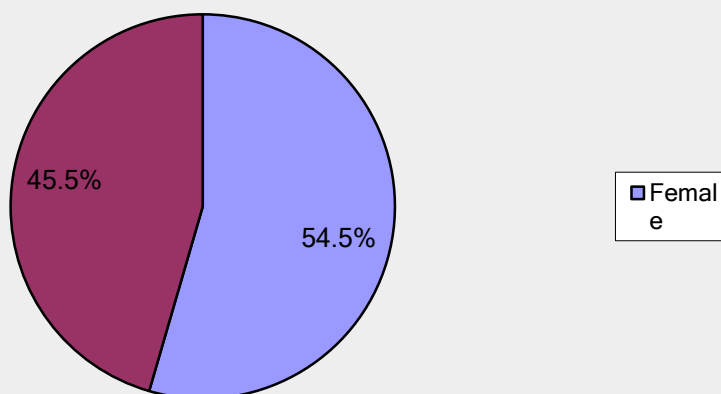


Range 2-8

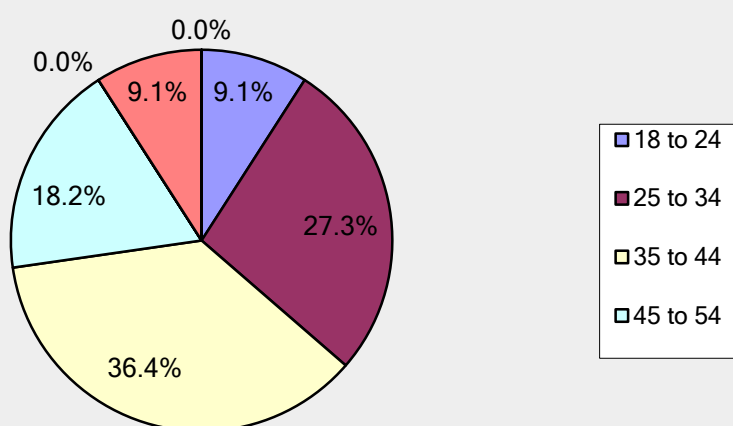
How does your pain affect your normal activities / sport



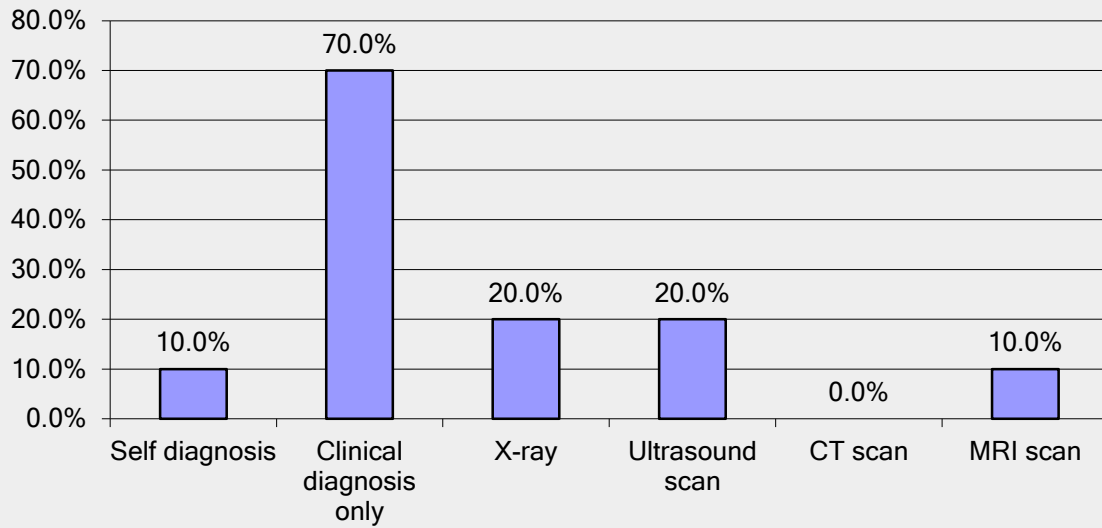
What is your gender?



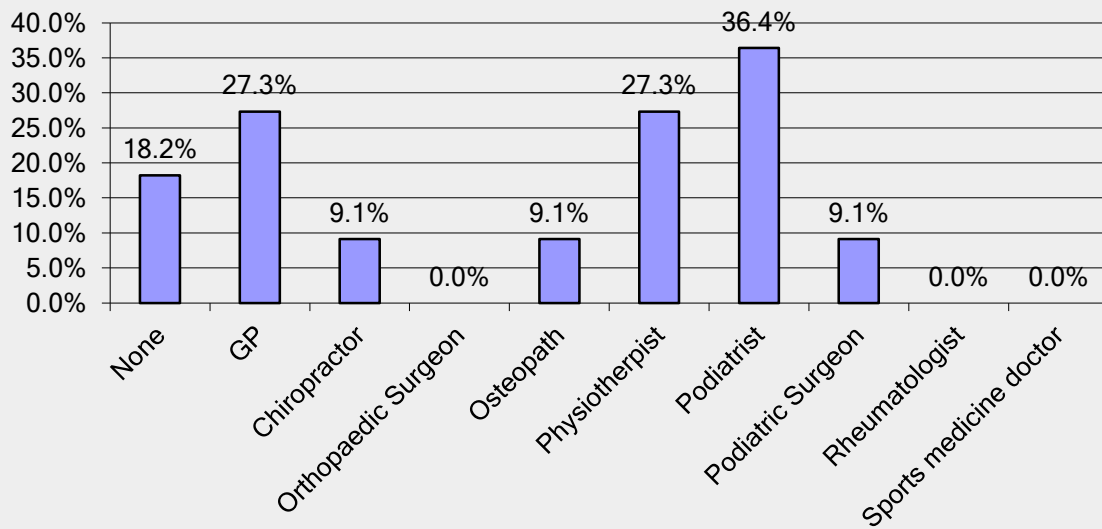
What is your age?



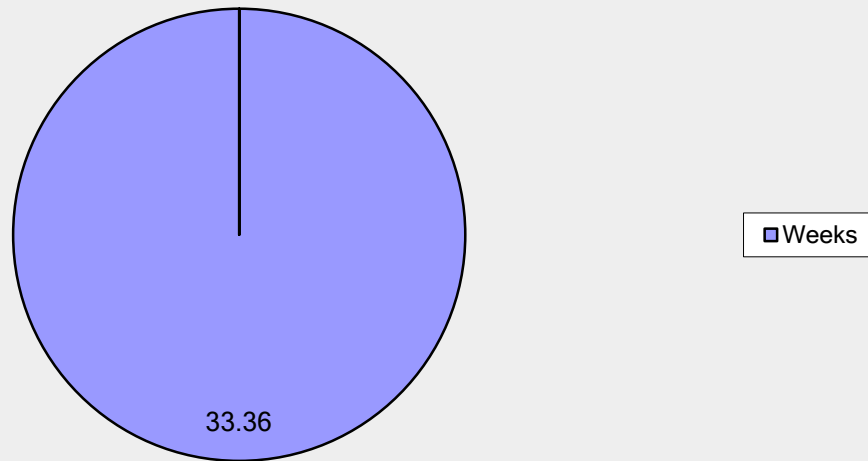
How was your diagnosis made?



What healthcare practitioners have you seen?



How long have you had your problem
(2 months = 8 weeks, 1 year = 52 weeks)?



Select the treatments you have had and rate them (only rate those that you have had)?

