



Geoffrey S. Landis, D.O.
Orthopaedic Surgery - Trauma, Foot and Ankle
Tucson Orthopaedic Institute, P.C.

For notation purposes, please answer all questions. Do not leave any question blank and if the question does not apply to you, please write—NA—or none.

Patient Name:

LAST

FIRST

MIDDLE

1) Where is your greatest area of *pain*? Which side?

A: Right / Left / Both B: Toes C: Foot D: Heel E: Ankle

2) When did your condition *first* begin? _____

3) How much *pain* do you have? A. None B. Mild C. Moderate D. Severe (always) E. N/A

4) Do you have difficulty walking in rough surfaces? (Circle one)

A. Yes B. No. C. Sometimes D: N/A

5) Do you have a *limp*? A. No B. Slight C. Obvious D: N/A

6) How long of a distance could you walk before your symptoms begin?

A. Unlimited B. 4-6 blocks C. 1-3 blocks D. less than 1 block E: N/A

7) Please describe *activities* which make your symptoms *worse*.

A: Sports B: Walking C: Jogging D: Other _____ E: N/A

8) Please describe any *activities*, which make your symptoms *better*.

A: Sports B: Walking C: Jogging D: Other _____ E: N/A

10) During the past 4 weeks, how much has pain interfered with your normal work you might do during a typical day (including both work outside the home & housework)? (Circle one)

Not at all (1) A little bit (2) Moderately (3) Quite a bit (4) extremely (5) N/A (6)

11) Please describe any treatments you have had for this condition?

A: Physical Therapy B: MRI's / CT-scan's C: Orthotic D: Surgery E: NSAIDS
F: Cortisone Injections G. None

12) What type of shoes do you normally wear? (Circle one)

A. Variety B. Comfort C. Modified with brace. D: N/A

13) What kind of activities do you do?

A: Sports B: Exercise C: Walk D: Jogging E: Other F: N/A