


Initial Research Survey:

1. Today's date
2. Name
3. Phone number
4. Date of birth
5. Age at time of visit
6. Race
7. Sex
8. Have you had a previous diagnosis of Sever's or calcaneal apophysitis?
9. Have you ever been diagnosed with a rheumatologic condition?
10. Have you ever had foot or ankle surgery?
11. Do you have diabetes?
12. Parent/guardian e-mail address
13. Street, city, state, zip
14. Shoe size
15. Circumference of foot (around arch/instep) (inches)
16. Height (cm)
17. Weight (kg)
18. BMI

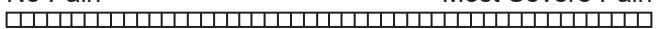
Initial Survey:

1. What is your primary (barefoot) sport?
2. What heel is having pain?
3. How many hours a week do you participate in your sport?
4. How have you treated your symptoms for your Sever's disease?
5. Have you used a brace during your barefoot sport?
 - a. If so, what brace did you use?
6. Visual analog scale for pain assessment: If the far left of the line indicated NO PAIN and the far right end indicates the WORST pain imaginable, rate your pain by marking an X on the line.

Pain in heel/foot during rest No Pain Most Severe Pain

(Place a mark on the scale above)

Pain in heel/foot during activities of daily living No Pain Most Severe Pain

(Place a mark on the scale above)

Pain in heel/foot during barefoot sport No Pain Most Severe Pain

(Place a mark on the scale above)

Oxford Ankle Foot Questionnaire for Children (OxAFQ-C)

The questions below are based upon ways in which some young people told us they had been affected by a foot or ankle problem. We want you to think about each question, then put a tick or a cross next to the answer that best describes you; was it never a problem, or was it always a problem, or was it sometime in between?

All questions were answered using the following options:

- a. Never
- b. Rarely
- c. Sometimes
- d. Very often
- e. Always

Thinking about the last week...

1. Have you found walking difficult because of your foot or ankle?
2. Have you found it difficult to run because of your foot or ankle?
3. Has it been difficult to stand up for long periods?
4. Have you had pain in your foot or ankle?
5. Have your legs been sore or ached after walking or running?
6. Have you felt tired because of your foot or ankle?
7. Has your foot or ankle stopped you from joining in with others in the playground?
8. Has your foot or ankle stopped you playing in the park or outside?
9. Has your foot or ankle stopped you taking part in PE lessons?
10. Has your foot or ankle stopped you taking part in any other lessons at school?
11. Has the way you walk bothered you?
12. Have you been bothered by how your foot or ankle looks?
13. Has anyone been unkind to you because of your foot or ankle?
14. Have you been embarrassed because of your foot or ankle?
15. Has your foot or ankle stopped you wearing any shoes that you wanted to wear?

Monthly Follow-Up Survey

1. Today's date

2. On a scale of 1-5, please rate the following statements (1 = not at all true; 2 = somewhat true; 3 = neither true nor false; 4 = somewhat true; 5 = completely true):
 - a. The brace improved my athletic performance
 - b. The brace's appearance was acceptable
 - c. The brace was comfortable

3. In the last month, how have you managed your symptoms from your Sever's disease? (Mark all that apply)
 - a. Physical therapy
 - b. Home exercise/stretches
 - c. Heel cups (in shoes)
 - d. Ice
 - e. None of the above

4. How many times did you do at home exercises/stretches?
 - a. None
 - b. Less than once a week
 - c. 1-2 times per week
 - d. About every other day
 - e. Nearly every day
 - f. More than once a day

5. In the past month, have you used any pain medicine (Ibuprofen/Advil,^a Acetaminophen/Tylenol,^b Naproxen/Aleve^c) for your heel/foot pain?

6. Visual analog scale for pain assessment: If the far left of the line indicated NO PAIN and the far right end indicates the WORST pain imaginable, rate your pain by marking an X on the line.

Pain in heel/foot during rest No Pain Most Severe Pain
|-----|
(Place a mark on the scale above)

Pain in heel/foot during activities of daily living No Pain Most Severe Pain
|-----|
(Place a mark on the scale above)

Pain in heel/foot during barefoot sport No Pain Most Severe Pain
|-----|
(Place a mark on the scale above)

7. Answer the following questions about activity and brace for WEEK 1 (refer to your activity calendar for assistance)
 - a. Hours participated in barefoot sport
 - b. Number of hours brace was worn with barefoot sport
 - c. Did you sit out of your sport due to your heel pain?

8. Answer the following questions about activity and brace for WEEK 2 (refer to your activity calendar for assistance)
 - a. Hours participated in barefoot sport
 - b. Number of hours brace was worn with barefoot sport
 - c. Did you sit out of your sport due to your heel pain?

9. Answer the following questions about activity and brace for WEEK 3 (refer to your activity calendar for assistance)
 - a. Hours participated in barefoot sport
 - b. Number of hours brace was worn with barefoot sport
 - c. Did you sit out of your sport due to your heel pain?

10. Answer the following questions about activity and brace for WEEK 4 (refer to your activity calendar for assistance)
 - a. Hours participated in barefoot sport
 - b. Number of hours brace was worn with barefoot sport
 - c. Did you sit out of your sport due to your heel pain?

11. Notes about brace and/or brace wear (i.e. could not wear/the brace is too big/likes/dislikes of the brace, etc.)

Following completion of the monthly follow-up survey, participants completed the Oxford Ankle Foot Questionnaire outlined above.