

Consensus statement

Supplementary file VISA-A questionnaire

Name: _____
 Date of Birth: _____
 Date of completion: _____

IN THIS QUESTIONNAIRE, THE TERM PAIN REFERS SPECIFICALLY TO PAIN IN THE ACHILLES TENDON REGION

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

<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"/>
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100 min **points**

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"/>
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No pain

points

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"/>
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No pain

points

0 1 2 3 4 5 6 7 8 9 10

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

Strong
severe
pain

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No
pain

points

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

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No
pain

points

0 1 2 3 4 5 6 7 8 9 10

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

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points

points

0 1 2 3 4 5 6 7 8 9 10

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

points

0

Not at all

4

Modified training \pm modified competition

7

Full training \pm competition but not at same level as when symptoms began

10

Competing at the same or higher level as when symptoms began

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

- If you have **no pain while undertaking Achilles tendon loading sports** please complete **Q8a only**
- If you have **pain while undertaking Achilles tendon loading sports but it does not stop you from completing the activity**, please complete **Q8b only**
- If you have **pain that stops you from completing Achilles tendon loading sports**, please complete **Q8c only**.

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

NIL	1-10 min	11-20 min	21-30 min	>30 min	points
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	7	14	21	30	

OR

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	1-10 min	11-20 min	21-30 min	>30 min	points
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	4	14	20		

OR

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	1-10 min	11-20 min	21-30 min	>30 min	points
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	2	5	7	10	

TOTAL SCORE (/100)