Participant Screening Form

Title:

Foot **E**xercise and **E**ducation in the **T**reatment of plantar heel pain (FEET Trial): A feasibility trial.

Protocol Number: 2019000772

Principal Investigator:

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Participant Name:	DOB:
Contact email:	Contact phone:

Clinical characteristics of pain:

1) Describe the onset of pain, including the date pain commenced:

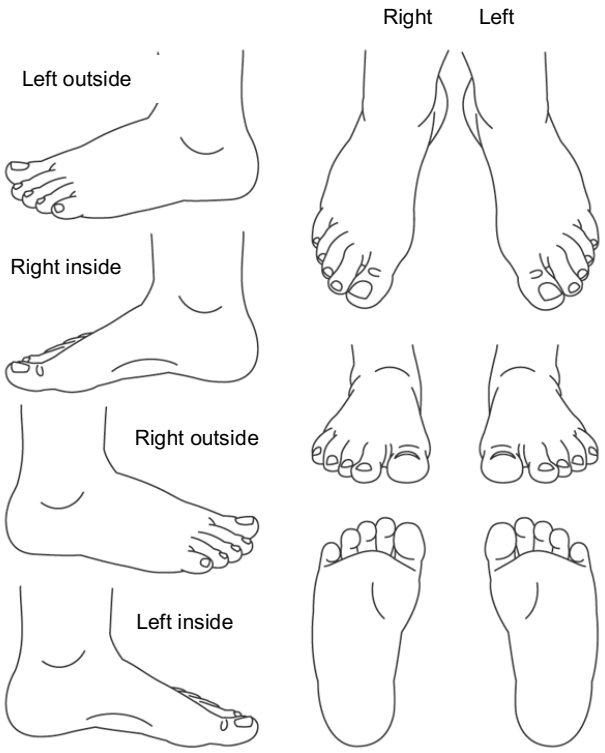
2) Describe the *location* of symptoms:

   a) Which is the painful limb:

   ☐ left$_0$ ☐ right$_1$ ☐ both$_2$

*If both feet painful, which is the more painful side? ☐ left$_0$ ☐ right$_1$

   b) Please indicate on the body chart to the right, the location of your pain.



3) Please describe the characteristics of your symptoms:

1. Explain the *nature* of your pain?
   - ☐ sharp$_1$
   - ☐ dull$_2$
   - ☐ ache$_3$
   - ☐ burning$_4$
   - ☐ other$_5$:_____

2. Explain the *behaviour* of your pain?
   - ☐ constant$_1$
   - ☐ intermittent$_2$

4) **For the past week, i**ndicate (circle) the **average** *intensity* of pain:

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst pain imaginable

5) **For the past week, i**ndicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning or following inactivity):

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst pain imaginable

6) **For the past week, i**ndicate (circle) the **worst** *intensity* of pain:

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst pain imaginable

Indicate the activity related to worst pain: _____

Inclusion Criteria from phone screening (patient interview):

	YES	NO
1. History of heel pain > 3 months	☐	☐
2. Pain worse with initial steps after period of inactivity	☐	☐
3. First step heel pain of > 3/10 on NRS	☐	☐

Exclusion Criteria from phone screening (patient interview):

	YES	NO	Please specify details:
1. Below 18 years of age	☐	☐	
2. Corticosteroid injection for plantar fasciopathy within the previous six months	☐	☐	
2. Cardiac condition	☐	☐	
3. Neurological condition	☐	☐	
4. Diabetes	☐	☐	
5. Auto-immune disorder	☐	☐	
6. Foot pathology/deformities (e.g. nerve impingement, stress fracture, hallux valgus)	☐	☐	
7. Previous foot surgery	☐	☐	
8. Other lower limb pain/injury (preceding six months)	☐	☐	
9. Unsafe or unwilling to undergo MRI (please see detailed MRI screening on page below)	☐	☐	

Suitable for study based on phone screening (patient interview):

☐ **Yes** ☐ **No** **Date:**

Physical examination scheduled for (date/time):

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***MRI screening questions*: Do you have (or have ever had):**		
Cardiac pacemaker or artificial heart valve	☐ No	☐ Yes
Syringe driver (i.e. insulin infusion pump)	☐ No	☐ Yes
Brain aneurysm clip or aortic clip	☐ No	☐ Yes
Stent, coil or catheter	☐ No	☐ Yes
Electrical neurostimulators (DBS)	☐ No	☐ Yes
Metal mesh implants / clips / wire sutures	☐ No	☐ Yes
Medicated skin patches	☐ No	☐ Yes
Hearing aid / implant	☐ No	☐ Yes
Glass eye	☐ No	☐ Yes
Joint replacement	☐ No	☐ Yes
Bullet / shrapnel wound	☐ No	☐ Yes
Metal fragments in eye, head, skin	☐ No	☐ Yes
Artificial limb	☐ No	☐ Yes
Do you work with metals?	☐ No	☐ Yes
Do you suffer claustrophobia?	☐ No	☐ Yes
Could you be pregnant?	☐ No	☐ Yes
Do you have an IUD?	☐ No	☐ Yes
Fractured bones treated with metal?	☐ No	☐ Yes
Have you had any surgery?	☐ No	☐ Yes
A shunt – spinal or ventricular?	☐ No	☐ Yes
Do you have any tattoos?	☐ No	☐ Yes
Dental bridge, dentures or retainer?	☐ No	☐ Yes
Do you have a history of kidney disease / disorder?	☐ No	☐ Yes
Do you have asthma?	☐ No	☐ Yes
If you answered 'yes' to any of the above, please provide details:		

Cleared for MRI: ☐ No ☐ Yes

Inclusion Criteria from physical examination:

	YES	NO
1. Pain on palpation of the medial calcaneal tubercle or proximal plantar fascia	☐	☐
2. Plantar fascia thickness >4mm from ultrasound image measurement	☐	☐

Suitable for study following patient interview and physical examination:

☐ **Yes** ☐ **No** **Date:**

Baseline testing scheduled for (date/time):