

ID sticker here

# VISA-A VAS EQ-5D-5L

## BOFAS Registry Version.

Prior to completing the Questionnaire please complete the following:-

**Today's Date:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	2	0		
		Y	Y	Y	Y		

On which side of your body is the affected joint, **for which you are receiving/have received treatment.**

Left ☐

Right ☐

Both ☐

**To be completed by medical team:**

Condition: \_\_\_\_\_

Pre-op ☐

Post-op ☐ \_\_\_\_\_ months \_\_\_\_\_ years

Entered on to registry ☐ Op on registry ☐

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

BMI: \_\_\_\_\_

ASA: \_\_\_\_\_

Co-morbidities: \_\_\_\_\_

\_\_\_\_\_

# VISA-A Score:

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"/>
1h 40 min	1h 30 min	1h 20 min	1h 10 min	1 hour	50 min	40 min	30 min	20 min	10 min	0 min

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"/>	No pain
	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"/>	No pain
	0	1	2	3	4	5	6	7	8	9	10	

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

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"/>	No pain
	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.	<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"/>	No pain
	0	1	2	3	4	5	6	7	8	9	10	

6. How many single leg hops can you do without 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"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10		

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	Modified training +/- Modified competition	Full training +/- competition but not at same level as when symptoms began	Competing at the same or higher level as when symptoms began

8. How would you describe your situation?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have no pain while undertaking Achilles tendon loading sports	I have pain while undertaking Achilles tendon loading sports, but it does not stop me completing the activity	I have pain that stops me from completing Achilles tendon loading sports

9. For how long can you train/practise?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nil	1-10 mins	11-20 mins	21-30 mins	>30 mins

# EQ5D-5L

**Under each heading, please tick ONE box that best describes your health TODAY.**

## **Mobility:**

- I have no problems in walking about ☐
- I have slight problems in walking about ☐
- I have moderate problems in walking about ☐
- I have severe problems in walking about ☐
- I am unable to walk about ☐

## **Self care:**

- I have no problems washing or dressing myself ☐
- I have slight problems washing or dressing myself ☐
- I have moderate problems washing or dressing myself ☐
- I have severe problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

## **Usual activities:** (eg work, study, housework, family or leisure activities)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

## **Pain / Discomfort:**

- I have no pain or discomfort ☐
- I have slight pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have severe pain or discomfort ☐
- I have extreme pain or discomfort ☐

## **Anxiety / Depression:**

- I am not anxious or depressed ☐
- I am slightly anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am severely anxious or depressed ☐
- I am extremely anxious or depressed ☐

**Continued overleaf...**

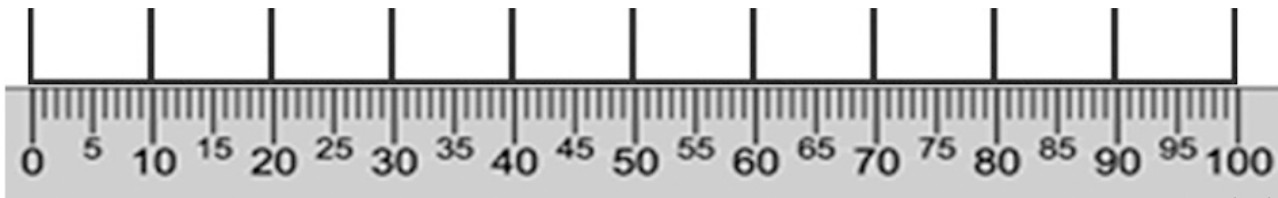
## EQ-5D-5L

We would like to know how good or bad your health is TODAY.

- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
- 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.

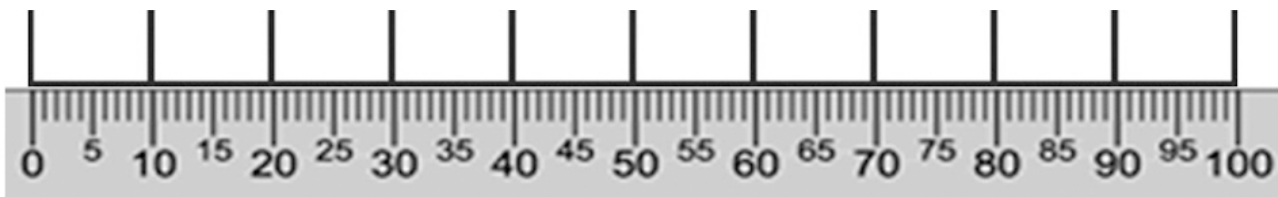
**Worst**

**Best**



In the last week how much pain have you experienced?

- This scale is numbered from 0 to 100.
- 100 means the worst pain you can imagine.
- 0 means no pain whatsoever.



Thank you for completing this form.s