



## Participants Section

### Baseline Participant Questionnaire

Participant initials:

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Participant Trial Number:

--	--	--

Hospital site code:

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Date completed:

d	d	–	m	m	m	–	y	y	y	y
---	---	---	---	---	---	---	---	---	---	---

Please complete all questions if you can.  
We appreciate your participation within the trial



# Participants Section

## Instructions

Please read these instructions and follow the instructions for each section carefully.

Please answer ALL the questions. Although it may seem that the questions are asked more than once, it is still important that you answer every one.

Please use a BLACK or BLUE pen. Please do not use a pencil.

Please check that you have completed all sections.

For each section, if you are asked to put a tick in the box, please use a tick rather than a cross. For example in the following question, if your answer to the question is yes, you should place a tick firmly in the box next to yes.

Example

Do you drive a car?    Yes    ☒    No    ☐

When asked a question that has a scale, such as that shown below, please tick the box above the number that represents your answer to the question.

For example, do you have pain when stretching the Achilles tendon fully over the edge of a step?

			✓								no pain
--	--	--	---	--	--	--	--	--	--	--	---------

Similarly, when asked to complete the visual analogue scale below, please mark the line with a vertical line to show your pain, such as that below.

No pain		_____		Worst pain imaginable

If you are due to receive treatment in both tendons, please answer questions based on your worst tendon.

If there are any questions that you do not understand, please ask a member of the research team who will be happy to help.

### GLOSSARY OF TERMS

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**Gait cycle = walk**

**Achilles tendon loading sports = sports where predominately running takes place, such as football, tennis etc.**

**Heel raises = rise up on your toes with your knees straight and your body tall.**



## The VISA-A questionnaire:

An index of the severity of Achilles tendinopathy

Participant Trial Number:

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Hospital site code:

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### The VISA-A questionnaire: An index of the severity of Achilles tendinopathy

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?

100  
mins

--	--	--	--	--	--	--	--	--	--

0  
mins

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

--	--	--	--	--	--	--	--	--	--

no pain

3. After walking on flat ground for 30 minutes, do you have pain within the next 2 hours? (if you are unable to walk on flat ground for 30 minutes because of pain, score 0 for this question).

strong  
severe  
pain

--	--	--	--	--	--	--	--	--	--

no pain



## The VISA-A questionnaire:

An index of the severity of Achilles tendinopathy

Participant Trial Number:

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Hospital site code:

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

strong  
severe  
pain

--	--	--	--	--	--	--	--	--	--

no pain

5. Do you have pain during or immediately after doing 10 (single leg) heel raises from a flat surface?

strong  
severe  
pain

--	--	--	--	--	--	--	--	--	--

no pain

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

0

--	--	--	--	--	--	--	--	--	--

10

7. Are you currently undertaking sport or physical activity?

☐

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



## The VISA-A questionnaire:

An index of the severity of Achilles tendinopathy

Participant Trial Number:

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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 Q8 A only.
- If you have pain while undertaking Achilles tendon loading sports but it does not stop you from completing the activity, please complete Q8 B only.
- If you have pain that stops you from completing Achilles tendon loading sports, please complete Q8 C only.

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

NIL      1-10 mins      11-20 mins      21-30 mins      >30 mins

☐
☐
☐
☐
☐

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 / practice?

NIL      1-10 mins      11-20 mins      21-30 mins      >30 mins

☐
☐
☐
☐
☐

OR

C. If you have pain that stops you from completing Achilles tendon loading sports, for how long can you train/ practice?

NIL      1-10 mins      11-20 mins      21-30 mins      >30 mins

☐
☐
☐
☐
☐



Health Questionnaire

English version for the UK

Participant Trial Number:

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Hospital site code:

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

**MOBILITY**

- |   |                          |
|---|--------------------------|
| I have no problems in walking about       | <input type="checkbox"/> |
| I have slight problems in walking about   | <input type="checkbox"/> |
| I have moderate problems in walking about | <input type="checkbox"/> |
| I have severe problems in walking about   | <input type="checkbox"/> |
| I am unable to walk about                 | <input type="checkbox"/> |

**SELF-CARE**

- |   |                          |
|---|--------------------------|
| I have no problems washing or dressing myself       | <input type="checkbox"/> |
| I have slight problems washing or dressing myself   | <input type="checkbox"/> |
| I have moderate problems washing or dressing myself | <input type="checkbox"/> |
| I have severe problems washing or dressing myself   | <input type="checkbox"/> |
| I am unable washing or dressing myself              | <input type="checkbox"/> |

**USUAL ACTIVITIES** (e.g. work, study, housework, family or leisure activities)

- |  |                          |
|--|--------------------------|
| I have no problems doing my usual activities       | <input type="checkbox"/> |
| I have slight problems doing my usual activities   | <input type="checkbox"/> |
| I have moderate problems doing my usual activities | <input type="checkbox"/> |
| I have severe problems doing my usual activities   | <input type="checkbox"/> |
| I am unable to do my usual activities              | <input type="checkbox"/> |

**PAIN / DISCOMFORT**

- |                                    |                          |
|------------------------------------|--------------------------|
| I have no pain or discomfort       | <input type="checkbox"/> |
| I have slight pain or discomfort   | <input type="checkbox"/> |
| I have moderate pain or discomfort | <input type="checkbox"/> |
| I have severe pain or discomfort   | <input type="checkbox"/> |
| I have extreme pain or discomfort  | <input type="checkbox"/> |

**ANXIETY / DEPRESSION**

- |                                      |                          |
|--------------------------------------|--------------------------|
| I am not anxious or depressed        | <input type="checkbox"/> |
| I am slightly anxious or depressed   | <input type="checkbox"/> |
| I am moderately anxious or depressed | <input type="checkbox"/> |
| I am severely anxious or depressed   | <input type="checkbox"/> |
| I am extremely anxious or depressed  | <input type="checkbox"/> |



Health Questionnaire

English version for the UK

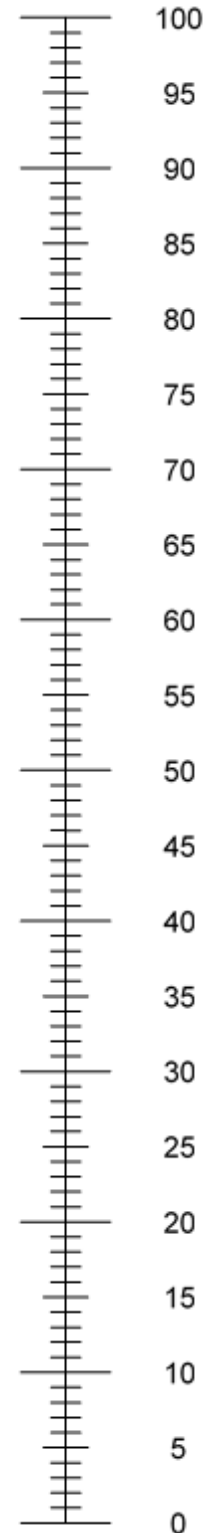
Participant Trial Number:

Hospital site code:

The best health you can imagine

- 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.
- Now, please write the number you marked on the scale in the box

YOUR HEALTH TODAY=



The worst health you can imagine

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# Visual Analogue Score

## VISUAL ANALOGUE SCORE (VAS)

Please place a vertical mark on the line below to indicate how bad you feel your pain is today.

No pain	—————	Worst pain imaginable
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## Participants section

**Thank you for completing the questions.**

**Please now pass the questionnaires back to the researcher or nurse**

### What will happen next?

You will now receive the treatment. Following this you will proceed with your normal clinical care, which the researcher will explain to you. Alongside this the following will occur:

- You will receive a follow up telephone appointment from Warwick Clinical trials unit, University of Warwick, in around two weeks time
- In 3 and 6 months from today, you will be sent questionnaires, which we would be grateful if you could complete and return to the address on the prepaid envelope.

### What if I have any questions?

You can contact the research team at any time on the numbers provided in your information sheet. Alternatively, you can contact the ATM trials office at Warwick Clinical trials Unit, The University of Warwick.