Ном	severe is your heel pain?	
1.	At its worst?	
	No pain	Worst pain imaginable
2.	After you get up in the morning with the first few steps?	
	No pain	Worst pain imaginable
3.	At the end of the day?	
	No pain	Worst pain imaginable
4.	When you walk barefoot?	
	No pain	Worst pain imaginable
5.	When you stand barefoot?	
	No pain	Worst pain imaginable
6.	When you walk wearing shoes?	
	No pain	Worst pain imaginable
7.	When you stand wearing shoes?	
	No pain	Worst pain imaginable
8.	When walking with orthotics?	
	No pain	Worst pain imaginable
9.	When standing with orthotics?	
	No pain	Worst pain imaginable

TABLE E-2 Subject-Relevant Outcome Measures (SROM)

SROM 1.

Compared to your initial visit:

_____I feel BETTER OFF than before treatment

_____I feel THE SAME as before treatment

I feel WORSE than before treatment

SROM 2.

Compared to your initial visit, describe your heel pain now:

- ____I have NO PAIN
- _____I have LESS PAIN than before the treatment regimen
- _____I have THE SAME PAIN as before the treatment regimen
- _____I have MORE PAIN than before the treatment regimen

SROM 3.

What percent improvement in heel pain have you experienced since starting the study?

 None

 1 to 25%

 26 to 50%

 51 to 75%

 76 to 99%

 100%

SROM 4.

How do you rate your heel pain since the start of the study treatment?

____All better _____Much better _____Slightly better _____Unchanged

Worse

SROM 5.

What percent improvement in <u>overall daily function</u> including work and/or recreational activities have you experienced since starting the study?

None
1 to 25%
26 to 50%
51 to 75%
76 to 99%
100%

SROM 6.

Regarding the treatment that you received:

- ____I am TOTALLY SATISFIED with the treatment
- I am SATISFIED with MINOR RESERVATIONS with the treatment
- I am SATISFIED with MAJOR RESERVATIONS with the treatment
- ____I am DISSATISFIED with the treatment

TABLE E-3 Descriptive S	Summary for Subject-Releva	ant Outcome Measures (SROM)*

	Group A (no. of patients)	Group B (no. of patients)
SROM 1: Compared to your initial visit:		
I feel BETTER OFF than before treatment	38 (82.6%)	20 (55.6%)
I feel THE SAME as before treatment	8 (17.4%)	14 (38.9%)
I feel WORSE than before treatment	0	2 (5.6%)
SROM 2: Compared to your initial visit, describe your <u>heel pain</u> now:		
I have NO PAIN	2 (4.3%)	1 (2.8%)
I have LESS PAIN than before the treatment regimen	36 (78.3%)	20 (55.6%)
I have the SAME PAIN as before the treatment regimen	8 (17.4%)	12 (33.3%)
I have MORE PAIN than before the treatment regimen	0	3 (8.3%)
SROM 3: What percent <u>improvement in heel pain</u> have you experienced since the start of the study?		
None	2 (4.3%)	9 (25.0%)
1 to 25%	13 (28.3%)	12 (33.3%)
26 to 50%	9 (19.6%)	10 (27.8%)
51 to 75%	11 (23.9%)	4 (11.1%)
76 to 99%	11 (23.9%)	0
100%	0	1 (2.8%)
SROM 4: How do you rate your heel pain since the start of the study treatment?		
All better	3 (6.5%)	2 (5.6%)
Much better	21 (45.7%)	6 (16.7%)
Slightly better	18 (39.1%)	16 (44.4%)
Unchanged	4 (8.7%)	10 (27.8%)
Worse	0	2 (5.6%)
SROM 5: What percent improvement in <u>overall daily</u> <u>function</u> including work and/or recreational activities have you experienced since starting the study?		
None	1 (2.2%)	13 (37.1%)
1 to 25%	15 (32.6%)	11 (31.4%)
26 to 50%	10 (21.7%)	7 (20.0%)
51 to 75%	9 (19.6%)	2 (5.7%)
76 to 99%	10 (21.7%)	1 (2.9%)
100%	1 (2.2%)	1 (2.9%)
SROM 6: Regarding the treatment you received:		
I am TOTALLY SATISFIED	18 (39.1%)	6 (17.1%)
I am SATISFIED with MINOR RESERVATIONS	24 (52.2%)	15 (42.9%)
I am SATISFIED with MAJOR RESERVATIONS	2 (4.3%)	7 (20.0%)
I am DISSATISFIED with the treatment	2 (4.3%)	7 (20.0%)

*Group A was managed with a plantar fascia-stretching program, and Group B was managed with an Achilles tendon-stretching program.