

Appendix E. TENDINopathy Severity assessment – Achilles (TENDINS-A)

This survey will ask you a number of questions about your Achilles tendon pain and symptoms. For the purposes of this survey, aggravating activities mean any activities that result in pain or symptoms, during or after their completion. For example, if you have pain during running it would be aggravating. Similarly, if you are stiff/tight/restricted the morning following fast walking this would also be aggravating. Your responses to question one and two will also be used as anchor points for the rest of the survey so please refer back to them as needed.

UNSCORED SECTION

- A. Please select as many of the following, if any, activities aggravate your Achilles tendon pain or symptoms? For example, if you get pain running, but not walking you would select running but not walking. [Not scored]
 - ☐ Walking (slow)
 - ☐ Walking (fast)
 - ☐ Walking up and down stairs
 - ☐ Running up and down stairs
 - ☐ Running slow (jogging)
 - ☐ Running fast (sprinting)
 - ☐ Hopping and jumping
 - ☐ Rapidly changing direction while running
 - ☐ Other
- B. Please select as many of the following activities you typically perform as a part of everyday life? For example, if you usually walk or jog but do not perform sprinting you would select walking and jogging but not sprinting. [Not scored]
 - ☐ Walking (slow)
 - ☐ Walking (fast)
 - ☐ Walking up and down stairs
 - ☐ Running up and down stairs
 - ☐ Running slow (jogging)
 - ☐ Running fast (sprinting)
 - ☐ Hopping and jumping
 - ☐ Rapidly changing direction while running
 - ☐ Other
- C. If you perform the most aggravating activity from QUESTION (A) for your Achilles region PAIN (not stiffness) please record the following timepoint when your PAIN will be its worst.
 - ☐ Beginning or during the aggravating activity
 - ☐ Within two hours of stopping the aggravating activity
 - ☐ Within two to six hours of stopping the aggravating activity
 - ☐ Upon waking up the day following the aggravating activity
- D. If you perform the activities from QUESTION (A) that aggravate your Achilles region STIFFNESS / TIGHTNESS / RESTRICTION please record the following timepoint when your STIFFNESS / TIGHTNESS/ RESTRICTION will be its worst.
 - ☐ Beginning or during the aggravating activity
 - ☐ Within two hours of stopping the aggravating activity
 - ☐ Within two to six hours of stopping the aggravating activity
 - ☐ Upon waking up the day following the aggravating activity
- E. If you were currently made to perform the most painful/ symptom aggravating activity you recorded as being able to perform within everyday life within QUESTION (B) how long could you perform the activity before having to cease it due to your Achilles region pain/ symptoms?
 - ☐ I would not have to cease my activity due to Achilles region pain/ symptoms
 - ☐ Greater than 30 minutes
 - ☐ Between 15 to 30 minutes
 - ☐ Less than 15 minutes

SCORED SECTION

PAIN

1. How much have you had to change your current level of aggravating activities from QUESTION (A) in the unscored section since the onset of your Achilles region pain and symptoms?
 - ☐ I am currently performing my previous physical activity at a higher level than before my Achilles pain/symptoms [0]
 - ☐ I am currently performing my previous physical activity at the same level as before my Achilles pain/symptoms [0]
 - ☐ I am currently performing my previous physical activity at a lower level than before my Achilles pain/symptoms [10]
 - ☐ I am currently no longer able to perform any previous physical activity due to my Achilles pain/symptoms [20]

In this entire section we are interested in the PAIN, and not other symptoms such as stiffness/tightness/restriction, you get within the Achilles region.

2. When you are performing aggravating activities, does your Achilles region pain:
 - ☐ Improve (warm-up) [0]
 - ☐ Improve (warm-up) and then return while still performing your aggravated activity [3]
 - ☐ Stay the same [6]
 - ☐ Does not improve and gets worse the longer you perform the aggravating activity [10]
3. Does your Achilles region get painful once you have cooled down or rested following completion of the aggravating activities from QUESTION (A) in the unscored section?
 - ☐ No, I do not have any pain after I have cooled down or rested. [0]
 - ☐ Yes, I have pain after I have cooled down or rested and it lasts less than 15 minutes [3]
 - ☐ Yes, I have pain after I have cooled down or rested and it lasts between 15 to 30 minutes [6]
 - ☐ Yes, I have pain after I have cooled down or rested and it lasts greater than 30 minutes [10]

PAIN SCORE: ____/40

SYMPTOMS







In this entire section we are interested in the STIFFNESS/TIGHTNESS/RESTRICTION, and not pain, you get within the Achilles region.

4. Do you typically have stiffness/tightness/restriction in your Achilles region upon getting out of bed after waking from sleep?
 - ☐ Yes [5]
 - ☐ No [0]
5. On average over the previous week, how long does your stiffness/tightness/restriction last upon waking up?
 - ☐ Less than 5 minutes [0]
 - ☐ 5-10 minutes [3]
 - ☐ 11-20 minutes [6]
 - ☐ Longer than 20 minutes [10]
6. Is your Achilles region stiffness/tightness/restriction upon waking worse the day after you perform the aggravating activities from QUESTION (A) in the unscored section?
 - ☐ Yes [5]
 - ☐ No [0]
7. After sitting for a prolonged period of time (two or more hours), if you then had to perform the aggravating activities from QUESTION (A) in the unscored section, how long would your Achilles take to loosen-up/warm-up?
 - ☐ Less than 5 minutes [0]
 - ☐ 5-10 minutes [3]
 - ☐ 11-20 minutes [6]
 - ☐ Longer than 20 minutes [10]

SYMPTOMS SCORE: ____/30

PHYSICAL FUNCTION

These movements relate to the questions below.

Movement	Start position	End Position
Please perform five continuous repetitions of a SINGLE leg heel raise (going up onto your toes) from the floor on your painful/ most-painful leg		
Please perform five continuous repetitions of a DOUBLE leg jump from the floor		
Please perform five continuous repetitions of a SINGLE leg hop from the floor on your painful/ most-painful leg		

For the following questions, please report your pain on a scale from 0 to 10, where zero is no pain and ten is the worst pain imaginable. If you are unable to complete the activity, leave the question blank. Images are provided to assist with positioning.

8. When standing upright with knee fully straight, please perform five continuous repetitions of a SINGLE leg heel raise (going up onto your toes) from the floor on your painful/ most-painful leg and report the severity of your pain [0-10]
9. When standing upright with knees fully straight, please perform five continuous repetitions of a DOUBLE leg jump from the floor and report the severity of your pain [0-10]
10. When standing upright with knee fully straight, please perform five continuous repetitions of a SINGLE leg hop from the floor on your painful/ most-painful leg and report the severity of your pain [0-10]

PHYSICAL FUNCTION SCORE: ____/30

TOTAL SCORE: ____/100