

Q1. Is your ankle better, just the same or worse after the treatment you received 9 months ago?

Better Same Worse

On a scale of 0–10, how much benefit do you think you have gained from the treatment?
Circle your answer (0 = no benefit, 10 = maximum benefit).

0 1 2 3 4 5 6 7 8 9 10

Q2. During the past 6 months, have you consulted a doctor or therapist or received any further treatment for your ankle (apart from the treatment you received as part of the trial)?

Yes No

If 'Yes', please specify which treatment by placing a tick in the appropriate box:

A&E staff, e.g. plaster technician	<input type="checkbox"/>	How many times? _____
NHS consultant	<input type="checkbox"/>	How many times? _____
Private consultant	<input type="checkbox"/>	How many times? _____
GP	<input type="checkbox"/>	How many times? _____
Osteopathy	<input type="checkbox"/>	How many times? _____
Chiropractic	<input type="checkbox"/>	How many times? _____
NHS physiotherapy	<input type="checkbox"/>	How many times? _____
Private physiotherapy	<input type="checkbox"/>	How many times? _____
Other (please specify): _____		

Did you pay for this treatment? Yes No

If 'Yes', was payment made by yourself or a private insurance company?

Self Insurance company

How much did it cost? _____

Q3. Over the past 6 months have you had any scans or radiographs because of your ankle?

Yes No

If 'Yes', what type of radiograph or scan? (Tick more than one box if needed)

Normal radiograph	<input type="checkbox"/>
MRI scan	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>

Did you pay for this/these scan(s)? Yes No

If 'Yes', was payment made by yourself or a private insurance company?

Self Insurance company

How much did it cost? _____

Q4. Over the past 6 months have you been admitted to hospital because of your ankle?

Yes No

If 'Yes', how many days did you spend in hospital? _____

Q5. Has your doctor prescribed any medicines, creams or other treatments (e.g. brace/strapping) for your ankle over the past 6 months? (Do not include the brace/support you wore as part of the trial)

Prescribed medicines/creams:

Item description	Name of item (e.g. ibuprofen)	Cost to you (e.g. prescription charge or other cost)
Painkillers		£
Anti-inflammatories		£
Creams/gels		£
Aids/braces/strapping		£
Injection		£
Other		£

Q6. Over the past 6 months, have you bought any medicines, creams or other treatment (e.g. brace) for your ankle?

Medicines/creams bought without prescription:

Item description	Name of item	Cost to you
Painkillers		£
Anti-inflammatories		£
Creams/gels		£
Aids/braces/strapping		£
Herbal remedies		£
Other		£

Q7. Over the past 6 months have you had to take any sick leave from work because of your ankle?

Yes No Not applicable

If 'Yes', how many sick days did you take? _____

Q8. Have you been involved in any exercise/sport over the last 6 months?

Yes No

If 'Yes', which ones? (Please tick all boxes that apply).

- Swimming
- Weight training
- Aerobics/keep-fit
- Cycling
- Jogging/running
- Team sport
(e.g. football, rugby, hockey, netball)
- Racquet sport
(e.g. tennis, squash, badminton)
- Yoga
- Athletics
- Walks of 2 miles or more
- Heavy housework/DIY/gardening
- Other sports or exercise (please specify): _____

Approximately how many times in the last 6 months have you done any of these activities?

- | | | | |
|------------------------|--------------------------|------------------------|--------------------------|
| Less than once a month | <input type="checkbox"/> | Once a week | <input type="checkbox"/> |
| Once a month | <input type="checkbox"/> | Twice a week | <input type="checkbox"/> |
| Once a fortnight | <input type="checkbox"/> | More than twice a week | <input type="checkbox"/> |