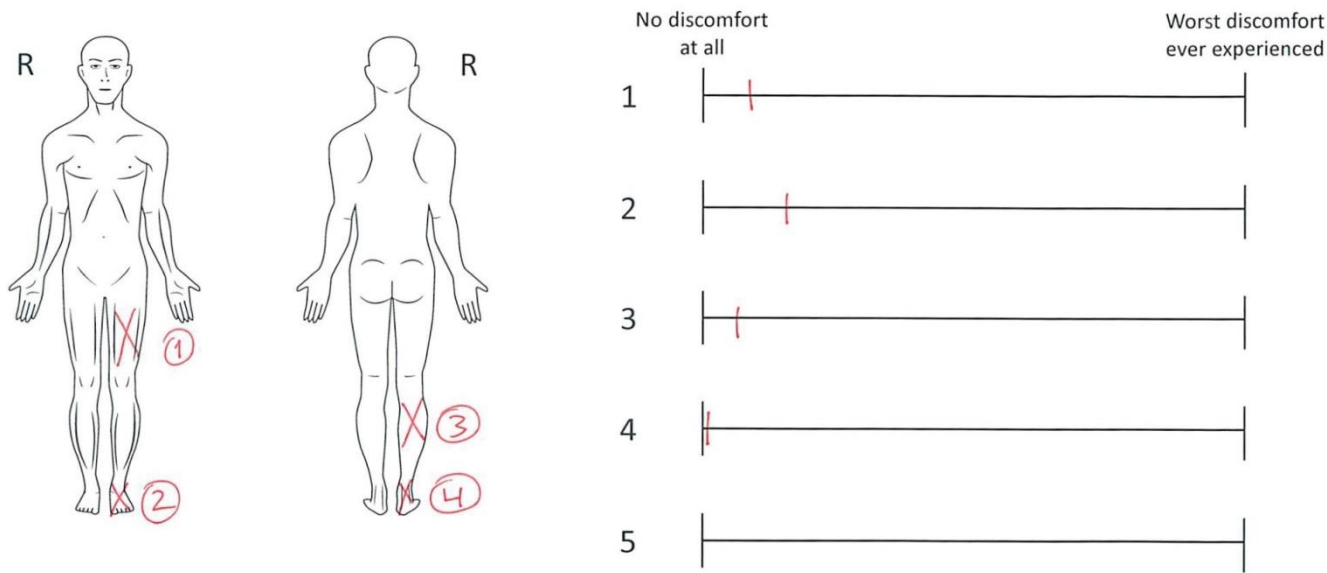


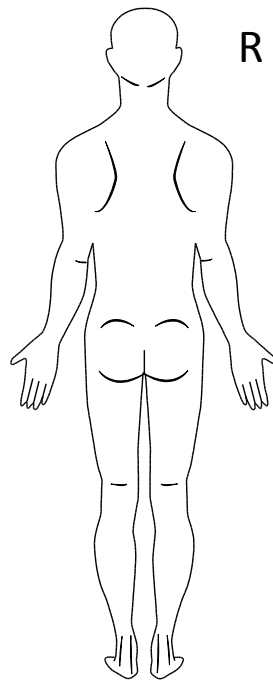
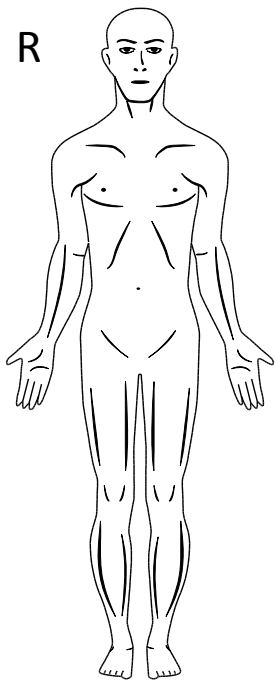
Stance discomfort rating scale - Instructions

Indicate on the figure on the left with an “X” all the places where you **currently** experience discomfort. Number each X and then rate your level of discomfort on the scale on the right. In the example below, the person experienced discomfort in the left upper leg (1), left foot (2), right calve (3), and right heel (4). The person then rated the level of discomfort on the discomfort scale. The ratings vary from “no discomfort at all” to “worst discomfort ever experienced”. In this example, the person experienced most discomfort in the left foot (2) and least discomfort in the right heel (4)



Stance discomfort rating scale

Please indicate with an “X” on the figure all the places where you **currently** experience discomfort. Number them and then rate your level of discomfort on the scale below.



	No discomfort at all		Worst discomfort ever experienced
1		_____	
2		_____	
3		_____	
4		_____	
5		_____	

(Please ask for more forms if you experience discomfort at more than 5 places)