

# Foot Scanner Questionnaire

Patient Name: \_\_\_\_\_

1. Weight \_\_\_\_\_

2. Height: \_\_\_\_\_

3. Shoe Size: \_\_\_\_\_

4. Shoe Width?    Normal        Wide        Narrow

5. What type of shoes do you wear most often?    Laces, No Laces, High Heels

6. What is your activity level?    Light        Moderate        Intense

7. Circle the following symptoms you are experiencing.

Feet	Symptoms
L   R	Ball of foot or toe pain
L   R	Arch Pain
L   R	Heel Pain
L   R	Lower Leg Pain
L   R	Knee Pain
L   R	Hip Pain
L   R	Lower Back Pain