**ATHLETE MONITORING – LOWER LIMB COMFORT INDEX QUESTIONS**

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| **Rank how you feel about your FEET** |
| Zero discomfort |
| Neither uncomfortable or comfortable |
| Extremely uncomfortable (unable to run or jump) |

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| --- |
| **Rank how you feel about your CALF/ACHILLES** |
| Zero discomfort |
| Neither uncomfortable or comfortable |
| Extremely uncomfortable |

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| --- |
| **Rank how you feel about your ANKLES** |
| Zero discomfort |
| Neither uncomfortable or comfortable |
| Extremely uncomfortable |

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| --- |
| **Rank how you feel about your SHINS** |
| Zero discomfort |
| Neither uncomfortable or comfortable |
| Extremely uncomfortable |

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| --- |
| **Rank how you feel about your KNEE** |
| Zero discomfort |
| Neither uncomfortable or comfortable |
| Extremely uncomfortable |

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| --- |
| **Rank how you feel about your FOOTWEAR** |
| Zero discomfort |
| Neither uncomfortable or comfortable |
| Extremely uncomfortable |