

Name _____

Foot and Ankle Module Date _____

All questions are about how you have felt on average during the past week.

During the **past week**, please tell us how painful your foot or ankle was when you were performing the following activities. (Circle the ONE statement that best describes your average ability)

	No pain	Mild pain	Moderate pain	Severe pain	Extreme pain	Cannot do because of foot/ankle pain	Cannot do for other reasons
600. Very strenuous activity , such as jumping, pivoting as in basketball, soccer.	1	2	3	4	5	6	7
601. Strenuous activity , such as heavy physical work, skiing, tennis.	1	2	3	4	5	6	7
602. Moderate activity , such as moderate physical work, jogging, running.	1	2	3	4	5	6	7
603. Light activity , such as walking, house work, yard work.	1	2	3	4	5	6	7
604. Standing for an hour.	1	2	3	4	5	6	7
605. Standing a few minutes.	1	2	3	4	5	6	7

	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Extreme difficulty	Cannot do because of foot/ankle	Cannot do for other reasons
606. How much difficulty do you have walking on uneven surfaces? (e.g., small stones, rocks, sloping ground)? <i>Circle one</i>	1	2	3	4	5	6	7

	I like it a lot	I like it somewhat	I am neutral (or I don't care)	I dislike it somewhat	I dislike it a lot
607. How much do you like the appearance of your foot?	1	2	3	4	5
608. How much do you like the appearance of your toes?	1	2	3	4	5

How often do you wear the following kinds of shoes?

	Never	Sometimes	Often
609. Any womens shoe (including high heels OR any mans shoe (including fancy dress shoes).	1	2	3
610. Most womens dress shoes (except high heels) OR most mens dress shoes.	1	2	3
611. Sneaker, walking, or casual shoes.	1	2	3
612. Orthopaedic or prescription shoes.	1	2	3

Which types of shoes can you wear comfortably?

	Yes	No	Not applicable
613. Any womens shoe (including high heels OR any mans shoe (including fancy dress shoes).	1	2	3
614. Most womens dress shoes (except high heels) OR most mens dress shoes.	1	2	3
615. Sneaker, walking, or casual shoes.	1	2	3
616. Orthopaedic or prescription shoes.	1	2	3
617. All shoes.	1	2	3

	Not at all	A little bit	Moderately	Quite a bit	Extremely	Unable to work due to foot and ankle problems
618. How much did your foot or ankle problem interfere with your normal work, including work both outside the home and housework?	1	2	3	4	5	6

During the last week, how much did each of these problems with your feet bother you?

	Not at all	A little bit	Moderately	Quite a bit	Extremely	Does not apply
619. Weeping or draining sore?	1	2	3	4	5	6
620. Itchiness?	1	2	3	4	5	6
621. Appearance of skin or nails?	1	2	3	4	5	6

	Not at all	A little bit	Moderately	Quite a bit	Extremely	It ruins everything
622. How much does your foot or ankle problem interfere with your life and your ability to do what you want?	1	2	3	4	5	6