

# Foot and Ankle

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## Outcomes Questionnaire

*Developed by:*

American Academy of Orthopaedic Surgeons®

American Association of Hip and Knee Surgeons

American Orthopaedic Society for Sports Medicine

Hip Society

Knee Society

Orthopaedic Rehabilitation Association

Orthopaedic Trauma Association

Arthroscopy Association of North America

American Orthopaedic Foot and Ankle Society

Musculoskeletal Tumor Society

*Based on the Version 2.0 Foot and Ankle Outcomes Instrument*

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# Foot and Ankle Questionnaire

## FOR OFFICE USE ONLY

Clinic ID \_\_\_\_\_

First six letter of patient's last name \_\_\_\_\_

Physician ID \_\_\_\_\_

Office Chart # \_\_\_\_\_

	Diagnosis & ICD-9 Code*	Procedure & CPT Code	CPT Date	Side of body procedure was performed on:
<b>Primary DX</b>	DX _____ ICD-9	Tx _____ ICD-9		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> N/A
<b>Secondary DX</b>	DX _____ ICD-9	Tx _____ ICD-9		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> N/A
<b>Secondary DX</b>	DX _____ ICD-9	Tx _____ ICD-9		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> N/A
<b>Secondary DX</b>	DX _____ ICD-9	Tx _____ ICD-9		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> N/A
<b>Secondary DX</b>	DX _____ ICD-9	Tx _____ ICD-9		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> N/A

## Foot and Ankle Questionnaire

Today's Date                    /                    /

Thank you for completing this questionnaire!

This questionnaire will help us to better understand your general health and any problems related to bone and muscle conditions.

Your completion of this questionnaire is completely voluntary and your responses will be held in the strictest confidence.

Please answer every question. Some questions may look like others, but each one is different.

There are no right or wrong answers. If you are not sure how to answer a question, just give the best answer you can. You can make comments in the margin. We do read all your comments, so feel free to make as many as you wish.

Your Birth Date                    /                    /

Your Social Security Number \_\_\_\_\_

# Foot and Ankle Questionnaire

## Instructions

Please answer the following questions for the foot/ankle being treated or followed up. If it is BOTH feet/ankles, please answer the questions for your **worse** side. All questions are about how you have felt, on average, during the **past week**. If you are being treated for an injury that happened less than one week ago, please answer for the period since your injury.

1. During the **past week**, how **stiff** was your foot/ankle? (Circle one response.)

1 Not at all    2 Mildly    3 Moderately    4 Very    5 Extremely

2. During the **past week**, how **swollen** was your foot/ankle? (Circle one response.)

1 Not at all    2 Mildly    3 Moderately    4 Very    5 Extremely

During the **past week**, please tell us about how painful your foot/ankle was during the following activities. (Circle ONE response on each line that best describes your average ability.)

	Not painful	Mildly painful	Moderately painful	Very painful	Extremely painful	Could not do because of foot/ankle pain	Could not do for other reasons
3. Walking on <b>uneven</b> surfaces?	1	2	3	4	5	6	7
4. Walking on <b>flat</b> surfaces?	1	2	3	4	5	6	7
5. Going up or down stairs?	1	2	3	4	5	6	7
6. Lying in bed at night?	1	2	3	4	5	6	7

During the **past week**, did your foot/ankle **give way** during the following activities. (Circle ONE response on each line that best describes you for each activity level.)

	Did not give way at all	Partially gave way, but I did not fall	Completely gave way, so that I fell	Could not do the activity because of foot/ankle giving way	Could not do for other reasons
7. <b>Strenuous activity</b> , such as heavy physical work, skiing, tennis?	1	2	3	4	5
8. <b>Moderate activity</b> , such as moderate physical work, jogging, running?	1	2	3	4	5
9. <b>Light activity</b> , such as walking, house work, yard work?	1	2	3	4	5

10. Which of the following statements **best** describes your ability to get around most of the time during the **past week**? (Circle one response.)

- 1 I did not need support or assistance at all.
- 2 I mostly walked without support or assistance.
- 3 I mostly used one cane or crutch to help me get around
- 4 I mostly used two canes, two crutches or a walker to help me get around.
- 5 I used a wheelchair.
- 6 I mostly used other supports or someone else had to help me get around.
- 7 I was unable to get around at all.

# Foot and Ankle Questionnaire

11. How much trouble did you have with balance during the **past week**? (Circle one response.)

- 1 No trouble at all
- 2 A little bit of trouble
- 3 A moderate amount of trouble
- 4 Quite a bit of trouble
- 5 A great amount of trouble
- 6 I cannot balance on my feet at all

12. How difficult was it for you to put on or take off socks/stockings during the **past week**? (Circle one response.)

- 1 Not at all difficult    2 A little bit difficult    3 Moderately difficult    4 Very difficult    5 Extremely difficult    6 Cannot do it at all

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

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

	No pain	Mild pain	Moderate pain	Severe pain	Extreme pain	Could not do because of foot/ankle pain	Could not do for other reasons
13. <b>Strenuous activity</b> , such as heavy physical work, skiing, tennis	1	2	3	4	5	6	7
14. <b>Moderate activity</b> , such as moderate physical work, jogging, running	1	2	3	4	5	6	7
15. <b>Light activity</b> , such as walking, house work, yard work	1	2	3	4	5	6	7
16. Standing for an hour	1	2	3	4	5	6	7
17. Standing for a few minutes	1	2	3	4	5	6	7

18. How much difficulty do you have walking on uneven surfaces (eg., small stones, rocks, sloping ground)? (Circle one response.)

- 1 No difficulty
- 2 Mild difficulty
- 3 Moderate difficulty
- 4 Severe difficulty
- 5 Extreme difficulty
- 6 Cannot do because of foot/ankle
- 7 Cannot do for other reasons

# Foot and Ankle Questionnaire

What types of shoes can you wear comfortably?  
(Circle one response on each line.)

	Yes	No	Not applicable
19. Any women's shoe (including high heels) OR any men's shoe (including fancy dress shoes)	1	2	3
20. Most women's dress shoes (except high heels) OR most means dress shoes	1	2	3
21. Sneakers, walking, or casual shoes	1	2	3
22. Orthopaedic or prescription shoes	1	2	3
23. All shoes	1	2	3

24. How much did your foot or ankle problem interfere with your normal work, including work both outside the home and house work? (Circle one response.)

1 Not at all    2 A little bit    3 Moderately    4 Quite a bit    5 Extremely    6 Unable to work due to foot and ankle problems

25. How much did your foot or ankle problem interfere with your life and your ability to do what you want? (Circle one response.)

1 Not at all    2 A little bit    3 Moderately    4 Quite a bit    5 Extremely    6 It ruins everything