

Foot and Ankle Disability Index

Patient Name: _____
 Date: _____

Patient MRN: _____
 Affected Foot/Ankle: R L (Circle One)

Activities of Daily Living Scale

Please answer **every question** with **one response** that most closely describes your condition within the past week. If the activity in question is limited by something other than your foot or ankle, mark **not applicable (N/A)**. Because of your foot and ankle, how much difficulty do you have with:

	No Difficulty At All	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable to do	N/A
1. Standing	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
2. Walking on even ground	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
3. Walking on even ground without shoes	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
4. Walking up hills	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
5. Walking down hills	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
6. Going up stairs	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
7. Going down stairs	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
8. Walking on uneven ground	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
9. Stepping up and down curbs	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
10. Squatting	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
11. Sleeping	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
12. Coming up on your toes	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
13. Walking initially	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
14. Walking 5 minutes or less	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
15. Walking approximately 10 minutes	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
16. Walking 15 minutes or greater	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
17. Home responsibilities	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
18. Activities of daily living	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
19. Personal care	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
20. Light to moderate work (standing, walking)	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
21. Heavy work (push/pulling, climbing, carrying)	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
22. Recreational activities	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)

	No pain	Mild pain	Moderate Pain	Severe Pain	Unbearable Pain	N/A
23. General level of pain	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
24. Pain at rest	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
25. Pain during your normal activities	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
26. Pain first thing in the morning	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)

Sports Scale

Because of your foot and ankle, how much difficulty do you have with:

	No Difficulty At All	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable to do	N/A
1. Running	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
2. Jumping	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
3. Landing	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
4. Starting and stopping quickly	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
5. Cutting/lateral movements	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
6. Low-impact activities	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
6. Ability to perform activity with your normal technique	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)
7. Ability to participate in your desired sport as long as you would like	<input type="checkbox"/> (+4)	<input type="checkbox"/> (+3)	<input type="checkbox"/> (+2)	<input type="checkbox"/> (+1)	<input type="checkbox"/> (+0)	<input type="checkbox"/> (X)

SIGNATURE _____

DATE _____