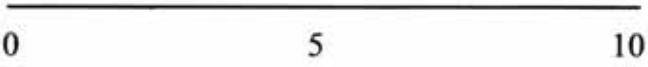
ANKLE/FOOT FUNCTION ASSESSMENT

Name. _____ Date: _____

Instructions: The list below contains some sentences people have used to describe themselves when they have ankle/foot pain. When your ankle/foot hurts, you may find it hard to do some of these things also. Please check only the sentences that describe you **during the past 24 hours**.

- ☐ Because of my ankle/foot pain, I have difficulty going up stairs step over step.
- ☐ Because of my ankle/foot pain, I have difficulty going down stairs step over step.
- ☐ I cannot squat to pick up objects from the floor.
- ☐ I limit the amount of walking I do to less than one block because my ankle/foot hurts.
- ☐ I am unable to complete a shopping order without difficulty.
- ☐ When I rise in the morning, I have difficulty putting weight on my foot/ankle.
- ☐ My ankle/foot gives out on me with walking.
- ☐ My ankle/foot gives out on me with running.
- ☐ I am afraid to play sports secondary to the pain or instability in my ankle/foot.
- ☐ My ankle/foot swells constantly.
- ☐ I am unable to stand on my toes to lift objects overhead.
- ☐ It is difficult to get up and walk after sitting in a chair for greater than 15 minutes.
- ☐ I cannot jog.
- ☐ I cannot run.
- ☐ I have pain when walking on uneven surfaces such as sand, grass or gravel.
- ☐ I limp when I walk.
- ☐ I have ankle/foot pain when driving.
- ☐ I cannot bear all my weight on my ankle/foot (i.e. stand on one leg.)
- ☐ I need to take pain medication to perform my daily routine.
- ☐ My ankle/foot feels unstable.

Please mark on the line below the level of pain you have had in the past 24 hours. (0 = no pain at all; 10 = worst possible pain.)