Spine & Sport Physical Therapy
Foot / Ankle Disability Index

NAME: ____________________________ DATE: ____________

Please read: This questionnaire has been designed to give the Physical Therapist information as to how your foot/ankle pain has affected your ability to manage everyday life. Please answer each section by marking the one box, which most closely applies to you.

Section 1 – Pain Intensity
- I have no pain in my foot/ankle
- The pain in my foot/ankle is intermittent but limits my activity.
- The pain in my foot/ankle is mild but constant.
- The pain in my foot/ankle is constant and moderately limits my activity.
- The pain in my foot/ankle is constant and severely limits my activity.
- The pain in my foot/ankle is constant and I am unable to do anything.

Section 2 – Standing
- I can stand as long as I like without increasing my foot/ankle pain.
- I can stand as long as I want, but it increases my foot/ankle pain.
- I am able to stand for over 60 minutes before my foot/ankle symptoms increase.
- I am able to stand 30-60 minutes before my foot/ankle symptoms increase.
- I am only able to stand for very short periods; 10 minutes or less before my foot/ankle symptoms increase.
- I am unable to stand for any length of time.

Section 3 – Walking/Weight bearing tolerance
- I can walk normally without assistive devices.
- I can walk without assistive devices, but only for 31-60 minutes.
- I can walk without assistive devices, but only for 30 minutes or less.
- I can walk as far as I need, but I must use assistive devices.
- I must use assistive devices, and can bear only partial weight on my injured foot.
- I must use assistive devices, and can bear minimal to no weight on my injured foot.

Section 4 – Climbing Stairs
- I am able to go up & down stairs normally.
- I am able to go up & down stairs step over step if I go slowly.
- I am able to go up & down stairs step over step, but only a limited number at a time.
- I am able to go up & down stairs, but only one at a time.
- I am able to go up & down a limited number of stairs and only one at a time.
- I am unable to use stairs.

Section 5 – Swelling
- I have no swelling with my highest level of activity.
- I have minimal swelling only after my highest level of activity.
- I have no swelling with normal daily activity.
- I have minimal swelling after simple activity.
- I have almost constant swelling, but it can be controlled by medication/rest/ice/compression/elevation.
- I have constant swelling without relief.
Section 6 – Work
☐ I can do as much work as I want to.
☐ I can do my usual work, but it increases my foot/ankle pain.
☐ I can do most, but not all, of my usual work because of my foot/ankle pain.
☐ I can do about half of my usual work because of my foot/ankle pain.
☐ I can only do minimal work because of my foot/ankle pain.
☐ I can’t do any work at all because of my foot/ankle pain.

Section 7 – Driving
☐ I can drive my car as long as I want without any foot/ankle pain.
☐ I can drive my car as long as I want, but it increases pain in my foot/ankle.
☐ I can drive my car 31-60 minutes before my foot/ankle pain gets worse.
☐ I can drive my car 11-30 minutes before my foot/ankle pain gets worse.
☐ I can drive my car for only 10 minutes or less before my foot/ankle pain gets worse.
☐ I am unable to drive my car because of my foot/ankle pain.

Section 8 – Sleeping
☐ I have no trouble sleeping.
☐ My sleep is slightly disturbed by foot/ankle pain. (It wakes me 1 time/night)
☐ My sleep is mildly disturbed by foot/ankle pain. (It wakes me 2 times/night)
☐ My sleep is moderately disturbed by foot/ankle pain. (It wakes me 3-4 times/night)
☐ My sleep is greatly disturbed by foot/ankle pain. (It wakes me 5-6 times/night)
☐ My sleep is completely disturbed by foot/ankle pain. (It wakes me 7-8 times/night.)

Section 9 – House and Yard Work
☐ I have no foot/ankle limitations with house or yard work.
☐ I am able to do all house & yard work necessary if I take a few breaks.
☐ I am able to do all house & yard work necessary, but it increases my foot/ankle pain.
☐ I am able to do some, but not all, house & yard work; it increases my foot/ankle pain.
☐ I am able to do only the minimum of house & yard work because of my foot/ankle pain.
☐ I am unable to do any house or yard work because of my foot/ankle pain.

Section 10 – Recreation/Sports
☐ I am able to engage in all my recreation/sports activities with no foot/ankle symptoms.
☐ I am able to engage in all my recreation/sports activities with some symptoms in my foot/ankle.
☐ I am able to engage in most, but not all, of my usual recreation/sport activities because of symptoms in my foot/ankle.
☐ I am able to engage in a few of my usual recreation/sports activities because of symptoms in my foot/ankle.
☐ I can hardly do any recreation/sports activities because of my foot/ankle symptoms.
☐ I am unable to do any recreation/sports activities because of my foot/ankle symptoms.

Please mark an “X” on the line below indicating the level of pain you have had in the past 24 hours. The line is used as a scale to measure the level of your pain from no pain to the worst possible pain.

No pain at all ___________________________________________ Worst pain possible

Score: ______ / 50 ______ %
Spine & Sport Physical Therapy
Ankle / Foot Functional Assessment

NAME: ________________________________ DATE: __________________

Instructions: When your ankle / foot hurts, you may find it hard to do some of the things you usually do. The list below contains some sentences people have used to describe themselves when they have ankle / foot pain. Some sentences may describe you today. When you read a sentence that describes you today, put an “X” in the box beside it. If it does not describe you today, leave the space beside it blank. Check only sentences that describe you today.

☐ 1. I stay home most of the time because of my ankle / foot.
☐ 2. When I sit, I change position frequently to get my ankle / foot comfortable.
☐ 3. I walk more slowly than usual because of my ankle / foot.
☐ 4. Because of my ankle / foot, I am not doing any of the jobs that I usually do around the house.
☑ 5. Because of my ankle / foot, I use the handrail on stairs.
☐ 6. Because of my ankle / foot, I lie down and rest more often.
☐ 7. Because of my ankle / foot, I have difficulty getting out of an easy chair.
☐ 8. I get dressed more slowly than usual because of my ankle / foot.
☐ 9. Because of my ankle / foot, I try to get other people to do things for me.
☐ 10. I only stand for short periods of time because of my ankle / foot.
☐ 11. I find it difficult to get out of a chair because of my ankle / foot.
☐ 12. Because of my ankle / foot, I try not to squat down.
☐ 13. My ankle / foot is painful almost all of the time.
☐ 14. Running is difficult because of my ankle / foot.
☐ 15. My appetite is not good because of my ankle / foot.
☐ 16. I have trouble putting my shoes and socks on because of my ankle / foot.
☐ 17. I walk only short distances because of my ankle / foot.
☐ 18. I sleep less because of my ankle / foot.
☐ 20. I sit down for most of the day, because of my ankle / foot.
☐ 21. Because of my ankle / foot, it takes me longer to get going in the mornings.
☐ 22. Because of my ankle / foot pain, I am more irritable and bad tempered with people than usual.
☐ 23. Because of my ankle / foot, it is difficult to go down stairs.
☐ 24. I need to modify my fitness activities because of my ankle / foot.