

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 by marking the one box which most closely applies to you.

SECTION 1 – PAIN INTENSITY

- _____ I have no pain in my foot/pain
- _____ The pain in my foot/ankle is intermittent or mild and does not limit my activity
- _____ The pain in my foot/ankle is intermittent but limits my activity
- _____ 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 want to
- _____ I am able to stand for over 60 minutes before symptoms increase
- _____ I am able to stand 31-60 minutes before symptoms increase
- _____ I am able to stand 11-30 minutes before symptoms increase
- _____ I am only able to stand for very short periods: 10 minutes or less
- _____ 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 foot/ankle

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 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 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 up 1 time/night)
- _____ My sleep is mildly disturbed by foot/ankle pain. (It wakes me up 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 or more)

SECTION 9 – HOUSE & 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/sports 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 symptoms in my foot/ankle
- _____ I am unable to do any recreation/sports activities because of my symptoms

Please mark an "x" on the line below indicating the level of pain you have had in the past 24 hours.

no pain at all _____ worst possible pain _____/50 = _____%