FOOT/ANKLE DISABILITY INDEX

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 and 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 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 of symptoms in my 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.

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 ______/50 = ______% ______ worst possible 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 for only 10 minutes or less, but then my foot/ankle pain gets worse.
I can drive my car for 11-30 minutes 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 up 1 time/night)
My sleep is only 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 ______/50 = ______% ______ worst possible pain  

Emory Clinic
Physical Therapy