

FOOT AND ANKLE ABILITY INDEX

CHOOSE 1 ANSWER FROM EACH SECTION

Select an answer that most closely describes your condition in the last week. If the activity in question is limited by something other than your foot or ankle, mark N/A.

FUNCTION	No Difficulty	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable to Do	N/A
Standing						
Walking on even ground						
Walking on even ground without shoes						
Walking up hills						
Walking down hills						
Going up stairs						
Going down stairs						
Walking on uneven ground						
Stepping up and down curbs						
Squatting						
Sleeping						
Coming up on your toes						
Walking initially						
Walking 5 minutes or less						
Walking approximately 10 minutes						
Walking 15 minutes or more						
Home responsibilities						
Activities of daily living						
Personal care						
Light to moderate work (standing, walking)						
Heavy work (pushing/pulling, climb, carry)						
Recreational activities						

PAIN LEVEL	None	Mild	Moderate	Severe	Unbearable	
General level of pain						
At rest						
During your normal activity						
First thing in the morning						

SPORTS SCALE	No Difficulty	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable to Do	N/A
Running						
Jumping						
Landing						
Starting and stopping quickly						
Cutting / lateral movements						

Low impact activities						
Ability to perform activity with normal technique						
Ability to participate in your desired sport as long as you would like						