FAOS FOOT & ANKLE SURVEY

Todays date: _____/_____/______ Date of birth: _____/_____/______

Name: ____________________________________________________

INSTRUCTIONS: This survey asks for your view about your foot/ankle. This information will help us keep track of how you feel about your foot/ankle and how well you are able to do your usual activities. Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Symptoms
These questions should be answered thinking of your foot/ankle symptoms during the last week.

S1. Do you have swelling in your foot/ankle?
   Never Rarely Sometimes Often Always

S2. Do you feel grinding, hear clicking or any other type of noise when your foot/ankle moves?
   Never Rarely Sometimes Often Always

S3. Does your foot/ankle catch or hang up when moving?
   Never Rarely Sometimes Often Always

S4. Can you straighten your foot/ankle fully?
   Always Often Sometimes Rarely Never

S5. Can you bend your foot/ankle fully?
   Always Often Sometimes Rarely Never

Stiffness
The following questions concern the amount of joint stiffness you have experienced during the last week in your foot/ankle. Stiffness is a sensation of restriction or slowness in the ease with which you move your joints.

S6. How severe is your foot/ankle stiffness after first wakening in the morning?
   None Mild Moderate Severe Extreme

S7. How severe is your foot/ankle stiffness after sitting, lying or resting later in the day?
   None Mild Moderate Severe Extreme
Foot and Ankle Outcome Score (FAOS), English version LK1.0

**Pain**
P1. How often do you experience foot/ankle pain?
   - Never
   - Monthly
   - Weekly
   - Daily
   - Always

What amount of foot/ankle pain have you experienced the **last week** during the following activities?

P2. Twisting/pivoting on your foot/ankle
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

P3. Straightening foot/ankle fully
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

P4. Bending foot/ankle fully
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

P5. Walking on flat surface
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

P6. Going up or down stairs
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

P7. At night while in bed
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

P8. Sitting or lying
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

P9. Standing upright
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

**Function, daily living**
The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your foot/ankle.

A1. Descending stairs
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

A2. Ascending stairs
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme
For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your foot/ankle.

A3. Rising from sitting  
None | Mild | Moderate | Severe | Extreme

A4. Standing  
None | Mild | Moderate | Severe | Extreme

A5. Bending to floor/pick up an object  
None | Mild | Moderate | Severe | Extreme

A6. Walking on flat surface  
None | Mild | Moderate | Severe | Extreme

A7. Getting in/out of car  
None | Mild | Moderate | Severe | Extreme

A8. Going shopping  
None | Mild | Moderate | Severe | Extreme

A9. Putting on socks/stockings  
None | Mild | Moderate | Severe | Extreme

A10. Rising from bed  
None | Mild | Moderate | Severe | Extreme

A11. Taking off socks/stockings  
None | Mild | Moderate | Severe | Extreme

A12. Lying in bed (turning over, maintaining foot/ankle position)  
None | Mild | Moderate | Severe | Extreme

A13. Getting in/out of bath  
None | Mild | Moderate | Severe | Extreme

A14. Sitting  
None | Mild | Moderate | Severe | Extreme

A15. Getting on/off toilet  
None | Mild | Moderate | Severe | Extreme
For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your foot/ankle.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

None  Mild  Moderate  Severe  Extreme

A17. Light domestic duties (cooking, dusting, etc)

None  Mild  Moderate  Severe  Extreme

Function, sports and recreational activities

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the last week due to your foot/ankle.

SP1. Squatting

None  Mild  Moderate  Severe  Extreme

SP2. Running

None  Mild  Moderate  Severe  Extreme

SP3. Jumping

None  Mild  Moderate  Severe  Extreme

SP4. Twisting/pivoting on your injured foot/ankle

None  Mild  Moderate  Severe  Extreme

SP5. Kneeling

None  Mild  Moderate  Severe  Extreme

Quality of Life

Q1. How often are you aware of your foot/ankle problem?

Never  Monthly  Weekly  Daily  Constantly

Q2. Have you modified your life style to avoid potentially damaging activities to your foot/ankle?

Not at all  Mildly  Moderately  Severely  Totally

Q3. How much are you troubled with lack of confidence in your foot/ankle?

Not at all  Mildly  Moderately  Severely  Extremely

Q4. In general, how much difficulty do you have with your foot/ankle?

None  Mild  Moderate  Severe  Extreme

Thank you very much for completing all the questions in this questionnaire.

Questionnaire and User's Guide can be downloaded from: www.koos.nu