

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 each section by marking the one box that most closely applies to you.

SECTION 1 – PAIN INTENSITY SECTION 7 – DRIVING

- 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 or more.)

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 device, 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, & can bear only partial weight on my injured foot.
- I must use assistive devices, & 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 and 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 do only do minimal work because of my foot/ankle pain.
- I can't do any work at all because of my foot ankle pain.

PATIENT NAME _____

DATE _____

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 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 my foot/ankle.
- I am unable to engage in a few of my usual recreation/sports activities because of my 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 foot/ankle symptoms.

Please mark an "x" on the line below the amount 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 at all to worst pain possible.

No pain at all _____ worst pain possible