



PHYSICAL THERAPY: FAAM Patient Questionnaire: Foot / Ankle

Today's Date: ____ / ____ / ____

Involved side Right Left Both

Injury Date (if known) ____ / ____ / ____ Surgery Date (if applicable) ____ / ____ / ____

Date you return to the physician who sent you to physical therapy ____ / ____ / ____

Occupation _____

Have you been given any restrictions by your physician? (please specify) _____

Shoe size _____ Have you ever worn shoe inserts or orthotics? Yes No

Are you required to wear a special shoe for your job? Yes No

Please rate the severity of your pain RIGHT NOW by circling a number below:

No pain 0 1 2 3 4 5 6 7 8 9 10 Worse pain imaginable

Please rate the severity of your pain at the worst it has been in the LAST WEEK:

No pain 0 1 2 3 4 5 6 7 8 9 10 Worse pain imaginable

What **SPECIFIC** activities do you hope to improve through physical therapy?

Signature of person completing form

Reviewer

Date

Time



PATIENT LABEL MUST
BE PLACED WITHIN
THIS BOX



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Foot and Ankle Ability Measure (FAAM)

Please answer every question with one response that most closely describes your condition within the last week. If the activity in question is limited by something other than your foot or ankle, mark not applicable.

Activities	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Standing	4	3	2	1	0	
Walking on even ground	4	3	2	1	0	
Walking on even ground without shoes	4	3	2	1	0	
Walking up hills	4	3	2	1	0	
Walking down hills	4	3	2	1	0	
Going up stairs	4	3	2	1	0	
Going down stairs	4	3	2	1	0	
Walking on uneven ground	4	3	2	1	0	
Stepping up and down curbs	4	3	2	1	0	
Squatting	4	3	2	1	0	
Coming up on your toes	4	3	2	1	0	
Walking initially	4	3	2	1	0	
Walking 5 minutes or less	4	3	2	1	0	
Walking approximately 10 minutes	4	3	2	1	0	
Walking 15 minutes or greater	4	3	2	1	0	

Because of your foot and ankle how much difficulty do you have with:

Activities	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Home responsibilities	4	3	2	1	0	
Activities of daily living	4	3	2	1	0	
Personal care	4	3	2	1	0	
Light to moderate work (standing, walking)	4	3	2	1	0	
Heavy work (pushing/pulling, climbing, carrying)	4	3	2	1	0	
Recreational activities	4	3	2	1	0	



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How would you rate your current level of function during your usual activities of daily living from 0 to 100 with 100 being your level of function prior to your foot or ankle problem and 0 being inability to perform any of your usual daily activities? _____ %

Complete the following section only if you are involved in sports, otherwise skip this section and sign below.
 Because of your foot and ankle how much difficulty do you have with:

Activities	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Running	4	3	2	1	0	
Jumping	4	3	2	1	0	
Landing	4	3	2	1	0	
Starting and stopping quickly	4	3	2	1	0	
Cutting/lateral movements	4	3	2	1	0	
Low impact activities	4	3	2	1	0	
Ability to perform activity with your normal technique	4	3	2	1	0	
Ability to participate in your desired sport as long as you would like	4	3	2	1	0	

How would you rate your current level of function during your sports related activities from 0 to 100 with 100 being your level of function prior to your foot or ankle problem and 0 being the inability to perform any of your usual daily activities?
 _____ %

Overall, how would you rate your current level of function?

- Normal Nearly normal Abnormal Severely abnormal

 Signature of person completing form

 Reviewer

 Date

 Time

FAAM Score: _____ / 84

FAAM Sports Score: _____ / 32



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