

## Foot Function Index

Please fill out this form so we can have a better understanding of how your foot and ankle problem is affecting your daily life. Please place a mark at any point on each line to indicate the intensity, difficulty, or frequency of each item. Please answer all the questions the best you can.

No Pain

Worst Pain Imaginable

### How severe is your foot pain:

- 1) When you walk barefoot?
- 2) When standing barefoot?
- 3) When you walk with shoes?
- 4) When standing with shoes?
- 5) When walking with orthotics?
- 6) When standing with orthotics?
- 7) At the end of the day?

None

So Difficult Unable

### How much difficulty do you have:

- 1) Climbing stairs?
- 2) Descending stairs?
- 3) Walking in house?
- 4) Walking outside?
- 5) Walking 4 blocks?
- 6) Standing tip toe?
- 7) Getting up from a chair?
- 8) Climbing curbs?
- 9) Walking fast?

None of the time

All of the time

### How much of the time do you:

- 1) Stay indoors most of the day because of foot problems?
- 2) Stay in bed all day because of foot problems?
- 3) Limit activities because of foot problems?
- 4) Use assistive device indoors?
- 5) Use assistive device outdoors?