

Patient Name: _____

Date: _____

FAAM Activities & Daily Living Subscale

Please answer **EVERY QUESTION** with **ONE** response that most clearly describes your condition within the past week. If the activity the question is limited by something other than your foot or ankle, mark **NOT APPLICABLE (N/A)**.

Because of your foot & ankle , how much difficulty do you have with:	No Difficulty	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable To Do	N/A
Standing	0	1	2	3	4	<input type="checkbox"/>
Walking on even ground	0	1	2	3	4	<input type="checkbox"/>
Walking on even ground without shoes	0	1	2	3	4	<input type="checkbox"/>
Walking up hills	0	1	2	3	4	<input type="checkbox"/>
Walking down hills	0	1	2	3	4	<input type="checkbox"/>
Going up stairs	0	1	2	3	4	<input type="checkbox"/>
Going down stairs	0	1	2	3	4	<input type="checkbox"/>
Walking on uneven ground	0	1	2	3	4	<input type="checkbox"/>
Stepping up and down curbs	0	1	2	3	4	<input type="checkbox"/>
Squatting	0	1	2	3	4	<input type="checkbox"/>
Coming up on your toes	0	1	2	3	4	<input type="checkbox"/>
Walking initially	0	1	2	3	4	<input type="checkbox"/>
Walking 5 minutes or less	0	1	2	3	4	<input type="checkbox"/>
Walking approximately 10 minutes	0	1	2	3	4	<input type="checkbox"/>
Walking 15 minutes or greater	0	1	2	3	4	<input type="checkbox"/>

Because of your foot & ankle , how much difficulty do you have with:	No Difficulty	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable To Do	N/A
Home responsibilities	0	1	2	3	4	<input type="checkbox"/>
Activities of daily living	0	1	2	3	4	<input type="checkbox"/>
Personal care	0	1	2	3	4	<input type="checkbox"/>
Light to moderate work (standing, walking)	0	1	2	3	4	<input type="checkbox"/>
Heavy work (push/pulling, climbing, carrying)	0	1	2	3	4	<input type="checkbox"/>
Recreational activities	0	1	2	3	4	<input type="checkbox"/>

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 the inability to perform any of your usual daily activities?

_____ %

FAAM Sports Subscale

Because of your foot & ankle , how much difficulty do you have with:	No Difficulty	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable To Do	N/A
Running	0	1	2	3	4	<input type="checkbox"/>
Jumping	0	1	2	3	4	<input type="checkbox"/>
Landing	0	1	2	3	4	<input type="checkbox"/>
Starting & stopping quickly	0	1	2	3	4	<input type="checkbox"/>
Cutting/lateral movements	0	1	2	3	4	<input type="checkbox"/>
Low impact activities	0	1	2	3	4	<input type="checkbox"/>
Ability to perform activity with your normal technique	0	1	2	3	4	<input type="checkbox"/>
Ability to participate in your desired sport as long as you would like	0	1	2	3	4	<input type="checkbox"/>

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 sports related activities?

_____ %