

The Foot/Ankle Functional Status 10-Item Paper Short Form

(©Focus on Therapeutic Outcomes, Inc.)

The following assessment will ask you about difficulties you may have with certain activities. It is an important part of your evaluation. It will help us:

- understand how your condition is affecting your activities, and
- develop treatment goals with you.

Please answer the questions with respect to the problem for which we are seeing you. Respond based on how you have been over the past few days.

Activities	Extreme	Quite a	Moderate	A little	No
	Difficulty	Bit of	Difficulty	Bit of	Difficulty
	Or	Difficulty		Difficulty	
	Unable				
·	То				
	Perform				
	Activity				
Any of your usual work, housework, or school activities	1 0	2 O	3 O	40	5 🔿
Getting into or out of the bath	10	2 🔾	30	40	5 🔿
Walking between rooms	¹ O	² O	3 O	4 O	5 O
Lifting an object, like a bag of groceries from the floor	1 O	2 🔿	3 🔾	40	5 O
Performing light activities around your home	1 O	² O	3 O	40	5 0
Performing heavy activities around your home	10	² O	3 🔾	40	5 🔿
Walking 2 blocks	10	² O	3 O	40	5 0
Going up or down 10 stairs (about 1 flight of stairs)	1 O	2 O	3 O	40	5 O
Standing for 1 hour	10	2 O	3 O	40	5 🔿
Running on uneven ground	¹ O	² O	3 O	40	5 O