

Foot and Ankle Ability Measure (FAAM)

Activities of Daily Living Subscale

Please answer **every question with one response** that most closely describes your condition within the past week. If the activity in question is limited by something other than your foot or ankle mark "Not Applicable" (N/A).

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

	No Difficulty	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable To Do	N/A
Standing	<input type="checkbox"/>					
Walking on even ground	<input type="checkbox"/>					
Walking on even ground without shoes	<input type="checkbox"/>					
Walking up hills	<input type="checkbox"/>					
Walking down hills	<input type="checkbox"/>					
Going up stairs	<input type="checkbox"/>					
Going down stairs	<input type="checkbox"/>					
Walking on uneven ground	<input type="checkbox"/>					
Stepping up and down curbs	<input type="checkbox"/>					
Squatting	<input type="checkbox"/>					
Coming up on your toes	<input type="checkbox"/>					
Walking initially	<input type="checkbox"/>					
Walking 5 minutes or less	<input type="checkbox"/>					
Walking approximately 10 minutes	<input type="checkbox"/>					
Walking 15 minutes or greater	<input type="checkbox"/>					
Home responsibilities	<input type="checkbox"/>					
Activities of Daily Living	<input type="checkbox"/>					
Personal Care	<input type="checkbox"/>					
Light to moderate work (standing/walking)	<input type="checkbox"/>					
Heavy work (push/pulling, climbing, carrying)	<input type="checkbox"/>					
Recreational activities	<input type="checkbox"/>					
	4	3	2	1	0	No Score

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 and ankle problem and 0 being the inability to perform any of your usual daily activities.

_____ %

Foot and Ankle Ability Measure (FAAM)

Sports Subscale

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

	No Difficulty	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable To Do	N/A
Running	<input type="checkbox"/>					
Jumping	<input type="checkbox"/>					
Landing	<input type="checkbox"/>					
Starting and stopping quickly	<input type="checkbox"/>					
Cutting/lateral movements	<input type="checkbox"/>					
Ability to perform activity with your normal technique	<input type="checkbox"/>					
Ability to participate in your desired sport as long as you like	<input type="checkbox"/>					
	4	3	2	1	0	No Score

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 and ankle problem and 0 being the inability to perform any of your usual sports activities.

_____ %

	Normal	Nearly Normal	Abnormal	Severely Abnormal
Overall, how would you rate your current level of function?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>