

# ADVANCE PHYSICAL THERAPY

## FOOT/ANKLE DISABILITY INDEX

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

- ★ The purpose of this questionnaire is to give the Physical Therapist information as to how much your foot pain has affected your ability to manage your everyday activities.
- ★ Please answer by marking the ONE answer which most CLOSELY applies to you.

### Section 1 – PAIN INTENSITY

- \_\_\_\_\_ I have no pain in my foot/ankle
- \_\_\_\_\_ The pain in my foot/ankle is intermittent or mild and does not limit my activity
- \_\_\_\_\_ The pain in my foot/ankle is intermittent but limits my activity
- \_\_\_\_\_ The pain in my foot/ankle is constant and moderately limits my activity
- \_\_\_\_\_ The pain in my foot/ankle is constant and severely limits my activity
- \_\_\_\_\_ The pain in my foot/ankle is constant and I am unable to do anything

### Section 2 – STANDING

- \_\_\_\_\_ I can stand as long as I want to
- \_\_\_\_\_ I am able to stand for over 60 minutes before symptoms increase
- \_\_\_\_\_ I am able to stand 31-60 minutes before symptoms increase
- \_\_\_\_\_ I am able to stand 11-30 minutes before symptoms increase
- \_\_\_\_\_ I am only able to stand for very short periods; 10 minutes or less
- \_\_\_\_\_ I am unable to stand for any length of time

### Section 3 – WALKING / WEIGHT BEARING TOLERANCE

- \_\_\_\_\_ I can walk normally without assistive devices
- \_\_\_\_\_ I can walk without assistive devices, but only for 31-60 minutes
- \_\_\_\_\_ I can walk without assistive devices, but only for 30 minutes or less
- \_\_\_\_\_ I can walk as far as I need but I must use assistive devices
- \_\_\_\_\_ I must use assistive devices and can bear only partial weight on my injured foot
- \_\_\_\_\_ I must use assistive devices and can bear minimal to no weight on my injured foot

### Section 4 – CLIMBING STAIRS

- \_\_\_\_\_ I am able to go up and down stairs normally
- \_\_\_\_\_ I am able to go up and down stairs step over step if I go slowly
- \_\_\_\_\_ I am able to go up and down stairs step over step but only a limited number at a time
- \_\_\_\_\_ I am able to go up and down stairs but only one at a time
- \_\_\_\_\_ I am able to go up and down a limited number of stairs and only one at a time
- \_\_\_\_\_ I am unable to use stairs

### Section 5 – SWELLING

- \_\_\_\_\_ I have no swelling with my highest level of activity
- \_\_\_\_\_ I have minimal swelling only after my highest level of activity
- \_\_\_\_\_ I have no swelling with normal daily activity
- \_\_\_\_\_ I have minimal swelling after simple activity
- \_\_\_\_\_ I have almost constant swelling but it can be controlled by medication, rest, ice, compression, elevation
- \_\_\_\_\_ I have constant swelling without relief foot/ankle

### Section 6 – STANDING

- \_\_\_\_\_ I can do as much work as I want to
- \_\_\_\_\_ I can do my usual work, but it increases my foot/ankle pain
- \_\_\_\_\_ I can do most, but not all, of my usual work because of my foot/ankle pain
- \_\_\_\_\_ I can do about half of my usual work because of foot/ankle pain
- \_\_\_\_\_ I can only do minimal work because of my foot/ankle pain
- \_\_\_\_\_ I can't do any work at all because of my foot/ankle pain

**OVER →**

Section 7 – DRIVING

- \_\_\_\_\_ I can drive my car as long as I want without any foot/ankle pain
- \_\_\_\_\_ I can drive my car as long as I want, but it increases pain in my foot/ankle
- \_\_\_\_\_ I can drive my car 31-60 minutes before my foot/ankle pain gets worse
- \_\_\_\_\_ I can drive my car 11-30 minutes before my foot/ankle pain gets worse
- \_\_\_\_\_ I can drive my car for only 10 minutes or less before my foot/ankle pain gets worse
- \_\_\_\_\_ I am unable to drive my car because of my foot/ankle pain

Section 8 – SLEEPING

- \_\_\_\_\_ I have no trouble sleeping
- \_\_\_\_\_ My sleep is slightly disturbed by foot/ankle pain (It wakes me up 1 time/night)
- \_\_\_\_\_ My sleep is mildly disturbed by foot/ankle pain (It wakes me up 2 times/night)
- \_\_\_\_\_ My sleep is moderately disturbed by foot/ankle pain (It wakes me up 3-4 times/night)
- \_\_\_\_\_ My sleep is greatly disturbed by foot/ankle pain (It wakes me up 5-6 times/night)
- \_\_\_\_\_ My sleep is completely disturbed by foot/ankle pain (It wakes me up 7-8 times/night)

Section 9 – HOUSE and YARD WORK

- \_\_\_\_\_ I have no foot/ankle limitations with house or yard work
- \_\_\_\_\_ I am able to do all house and yard work necessary if I take a few breaks
- \_\_\_\_\_ I am able to do all house and yard work necessary, but it increases my foot/ankle pain
- \_\_\_\_\_ I am able to do some, but not all, house and yard work; it increases my foot/ankle pain
- \_\_\_\_\_ I am able to do only the minimum of house and yard work because of my foot/ankle pain
- \_\_\_\_\_ I am unable to do any house or yard work because of my foot/ankle pain

Section 10 – RECREATION/SPORTS

- \_\_\_\_\_ I am able to engage in all my recreation/sports activities with no foot/ankle pain
- \_\_\_\_\_ I am able to engage in all my recreation/sports activities with some symptoms in my foot/ankle
- \_\_\_\_\_ I am able to engage in most, but not all, of my usual recreation/sports activities because of symptoms in my foot/ankle
- \_\_\_\_\_ I am able to engage in a few of my usual recreation/sports activities because of symptoms in my foot/ankle
- \_\_\_\_\_ I can hardly do any recreation/sports activities because of symptoms in my foot/ankle
- \_\_\_\_\_ I am unable to do any recreation/sports activities because of my symptoms

**Instructions:** Please place an X on the line to indicate the amount of hip pain you have had in the past 24 hours. The scale ranges from "No Pain At All" to the "Worst Possible Pain."

\_\_\_\_\_ No pain at all

\_\_\_\_\_ Worst possible pain

Staff Use Only:

\_\_\_\_\_ / 50 = \_\_\_\_\_ x 100 = \_\_\_\_\_ % Disability

1. The FAADI is scored the same way as the Revised Oswestry Disability Index.
2. Using this system, a score of 10-28% (i.e., 5-14 points) is considered by the authors to constitute mild disability; 30-48% is moderate disability; 50-68% is severe disability; 72% or more is complete disability.

