

FOOT/ANKLE DISABILITY INDEX

Name _____

Date _____

Instructions: This questionnaire has been designed to give the Physical Therapist information as to how your foot/ankle pain has affected your ability to manage everyday life. Please check the ONE statement per section which best describes your condition in the past 24 hours .

I PAIN INTENSITY

- I have no pain at the moment.
- The pain is intermittent or mild and does not limit my activity.
- The pain is intermittent but limits my activity.
- The pain is constant and moderately limits my activity.
- The pain is constant and severely limits my activity.
- The pain is constant and I am unable to do anything.

II STANDING

- I can stand as long as I like without pain.
- 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.

III 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.

IV 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.

V 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 and/or elevation.
- I have constant swelling without relief.

VI WORK

- I can do as much work as I want to.
- I can do all of my usual work, but it increases my pain.
- I can do most, but not all, of my usual work because of my pain.
- I can do about half of my usual work because of my pain.
- I can hardly do any work at all because of my pain.
- I can't do any work at all because of my pain.

VII DRIVING

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

VIII SLEEPING

- I have no trouble sleeping.
- My sleep is mildly disturbed (less than 1 hour of sleeplessness.)
- My sleep is mildly disturbed (1-2 hours of sleeplessness.)
- My sleep is moderately disturbed (2-3 hours of sleeplessness.)
- My sleep is greatly disturbed (3-5 hours of sleeplessness.)
- My sleep is completely disturbed (5-7 hours of sleeplessness.)

IX 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 breaks.
- I am able to do all house and yard work necessary, but it increases my foot/ankle symptoms.
- I am able to do some, but not all, house and yard work; it increases my foot/ankle symptoms.
- I am able to do only the minimum house and yard work because of my foot/ankle symptoms.
- I am unable to do any house or yard work because of my symptoms.

X RECREATION AND SPORTS

- I am able to engage in all my activities with no foot/ankle symptoms.
- I am able to engage in all my activities with some foot/ankle symptoms.
- I am able to engage in most, but not all, of my usual activities because of symptoms in my foot/ankle.
- I am able to engage in a few of my usual 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 symptoms in my foot/ankle.

Instructions: Please place and X on the line to indicate the amount of foot/ankle 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 pain possible