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Foot and Ankle Ability Measure (FAAM)

Please answer <u>every question</u> with <u>one response</u> that most closely describes to your condition within the past week. If the activity in question is limited by something other than your foot or ankle mark <u>not applicable (N/A)</u>.

	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Standing						
Walking on even ground						
Walking on even ground without shoes						
Walking up hills						
Walking down hills						
Going up stairs						
Going down stairs						
Walking on uneven ground						
Stepping up and down curbs						
Squatting						
Coming up on your toes						
Walking initially						
Walking 5 minutes or less						
Walking approximately 10 minutes						
Walking 15 minutes or greater						

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
Home Responsibilities						
Activities of daily living						
Personal care						
Light to moderate work (standing, walking)						
Heavy work (push/pulling, climbing, carrying)						
Recreational activities						

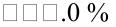
How would you rate your current level of function during your usual activities of daily living from 0 to 100 with 100 being your level of function prior to your foot and ankle problem and 0 being the inability to perform any of your usual daily activities?

FAAM Sports Scale

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
Home Responsibilities						
Activities of daily living						
Personal care						
Light to moderate work (standing, walking)						
Heavy work (push/pulling, climbing, carrying)						
Recreational activities						

How would you rate your current level of function during your sports related activites 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?



Overall, how would you rate your current level of function?

□ Normal

□ Abnormal

THE SF-8™ HEALTH SURVEY

1. Overall, h Excellent □	ow would you rate Very Good □	your health during Good Fair	the past 4 weeks? Poor □	Very Poor				
 During the <u>past 4 weeks</u>, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)? Could not do 								
Not at all □	Very little	e Somewhat	Quite a lot □	physical activitie	28			
3. During the <u>past 4 weeks</u> , how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?								
Not at all □	Very little	e Somewhat	Quite a lot	Could not do daily work □				
4. How much None	n bodily pain have Very mild □	you had during the Mild Modera		Very severe				
5. During the Very muci □		w much energy did t Some □	you have? A little □	None				
6. During the <u>past 4 weeks</u> , how much did your physical health or emotional problems limit your usual social activities with your family or friends?								
Not at all □	Very little	e Somewhat	Quite a lot	Could not do social activities	i			
7. During the <u>past 4 weeks</u> , how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?								
Not at all □	Slightly	Moderately	Quite a lot	Extremely				
8. During the <u>past 4 weeks</u> , how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?								
Not at all □	Very little	e Somewhat	Quite a lot	Could not do daily activities				