**The Foot & Ankle Disability Index (FADI) Score**

# Clinician's name (or ref) Patient's name (or ref

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 N/A

# No difficulty Slight

**Moderate**

**Extreme**

**Unable to do**

1. Standing
2. Walking on even ground
3. Walking on even ground without shoes
4. Walking up hills
5. Walking down hills
6. Going up stairs
7. Going down stairs
8. Walking on uneven ground
9. Stepping up and down curves
10. Squatting
11. Sleeping
12. Coming up to your toes
13. Walking initially
14. Walking 5 minutes or less
15. Walking approximately 10 minutes
16. Walking 15 minutes or greater
17. Home responsibilities
18. Activities of daily living
19. Personal care
20. Light to moderate work (standing, walking)
21. Heavy work (push/pulling, climbing, carrying)
22. Recreational activities

# at all





**difficulty**





**difficulty**





**difficulty**

 



1. General level of pain
2. Pain at rest
3. Pain during your normal activity
4. Pain first thing in the morning

# NO PAIN MILD MODERATE SEVERE UNBEARABLE

    



**Thank you very much for completing all the questions in this questionnaire.**

The Foot & Ankle Disability Index (FADI) Score is

0