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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? $ \Box \Box \Box . 0 \% $									
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?									
$\square\square\square$.0 %									
Overall, how would you rate your current level of function?									
□ Normal □ N	early Norn	nal	□ Ab	normal			verely normal		

THE SF-8 $^{\text{TM}}$ HEALTH SURVEY

Ι.	Overall, how	w would you rat	e your heal	th during th	e <u>past 4 weeks?</u>				
	Excellent	Very Good □	Good	Fair	Poor	Very Poor			
2.		past 4 weeks, lalking or climbin		did physica	l health problems	limit your usual phys	sical activities		
		C	,			Could not do			
	Not at all □	Very litt □	le S	omewhat	Quite a lot □	physical activities			
3.	_	past 4 weeks, h		-	•	your daily work, both	h at home and		
	J	,	J 1 J			Could not do			
	Not at all	Very litt	le S	omewhat	Quite a lot	daily work □			
4.		bodily pain have	-	_					
	None	Very mild	Mild	Moderate		Very severe			
		Ц							
5.	During the	past 4 weeks, h	ow much ei	nergy did vo	ou have?				
	Very much	Quite a l		Some	A little	None			
	Ī	` 🗆							
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?								
		_	-			Could not do			
	Not at all	Very litt	le S	omewhat	Quite a lot	social activities			
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	, N	Ioderately	Quite a lot	Extremely			
8.	_	past 4 weeks, , school or other		•	al or emotional pr	roblems keep you fro	om doing your		
			·			Could not do			
	Not at all	Very litt	le S	omewhat	Quite a lot	daily activities			
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