

The Foot & Ankle Disability Index(FADI) Score

Patient's Name _____

Clinician's Name _____

Date: _____

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, write N/A.

	No difficulty at all(4)	Slight difficulty(3)	Moderate difficulty(2)	Extreme difficulty(1)	Unable to do(0)
1. Standing	0	0	0	0	0
2. Walking on even ground	0	0	0	0	0
3. Walking on even ground without shoes	0	0	0	0	0
4. Walking up hills	0	0	0	0	0
5. Walking down hills	0	0	0	0	0
6. Going up stairs	0	0	0	0	0
7. Going down stairs	0	0	0	0	0
8. Walking on uneven ground	0	0	0	0	0
9. Stepping up and down curbs	0	0	0	0	0
10. Squatting	0	0	0	0	0
11. Sleeping	0	0	0	0	0
12. Coming up to your toes	0	0	0	0	0
13. Walking initially	0	0	0	0	0
14. Walking 5 minutes or less	0	0	0	0	0
15. Walking approximately 10 minutes	0	0	0	0	0
16. Walking 15 minutes or greater	0	0	0	0	0
17. Home responsibilities	0	0	0	0	0
18. Activities of daily living	0	0	0	0	0
19. Personal care	0	0	0	0	0
20. Light to moderate work (standing, walking)	0	0	0	0	0
21. Heavy work (push/pulling, climbing, carrying)	0	0	0	0	0
22. Recreational activities	0	0	0	0	0
	No Pain	Mild	Moderate	Severe	Unbearable
23. General level of pain	0	0	0	0	0
24. Pain at rest	0	0	0	0	0
25. Pain during normal activity	0	0	0	0	0
26. Pain first thing in the morning	0	0	0	0	0