

# Michigan Orthopedic Center

**TELL ME ABOUT YOUR FOOT/ANKLE PROBLEMS:** *(please complete both sides!)*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Affected Side: L or R or Both (circle one)

*(Note: please answer for each foot/ankle separately if both sides are affected)*

**1. How would you characterize the onset of your foot/ankle pain?**

- L  R  Sudden  
L  R  Gradual  
L  R  Unknown

**2. What has the pattern of your foot/ankle pain been?**

- L  R  Getting worse as time passes  
L  R  Getting better as time passes  
L  R  Staying about the same  
L  R  Swings between good and bad days

**3. About how long has your foot/ankle hurt you?**

- L \_\_\_\_ days \_\_\_\_ weeks  
\_\_\_\_ months \_\_\_\_ years  
\_\_\_\_ exact date of onset (if known)  
R \_\_\_\_ days \_\_\_\_ weeks  
\_\_\_\_ months \_\_\_\_ years  
\_\_\_\_ exact date of onset (if known)

**4. Where exactly is your foot/ankle pain located?**

- L  R  I only feel stiffness  
L  R  Entire foot  
L  R  Top of foot  
L  R  Bottom of foot  
L  R  Medial foot (inside, near other foot)  
L  R  Lateral foot (away from other foot)  
L  R  Toe(s)  
L  R  Entire ankle  
L  R  Front of ankle  
L  R  Back of ankle  
L  R  Medial ankle (inside, near other ankle)  
L  R  Lateral ankle (away from other ankle)  
L  R  Other: \_\_\_\_\_

**6. Please describe your pain. (circle one)**

- None
- Mild, occasional pain
- Moderate pain, pain daily
- Severe pain, almost always present

**5. Rate your average foot/ankle pain over the last week.**

- L  none=0 1 2 3 4 5 6 7 8 9 10=severe  
R  none=0 1 2 3 4 5 6 7 8 9 10=severe

**7. Rate your foot/ankle pain 6 months ago.**

- L  none=0 1 2 3 4 5 6 7 8 9 10=severe  
R  none=0 1 2 3 4 5 6 7 8 9 10=severe

**8. What best describes your foot/ankle pain?**

- L  R  Aching  
L  R  Sharp  
L  R  Throbbing  
L  R  Burning  
L  R  Tingling  
L  R  Numbness  
L  R  Intermittent  
L  R  Constant  
L  R  Other: \_\_\_\_\_

**9. What aggravates your foot/ankle pain?**

- L  R  Nothing  
L  R  Twisting  
L  R  Prolonged walking  
L  R  Running  
L  R  Prolonged standing  
L  R  Climbing stairs  
L  R  Descending stairs  
L  R  Change in weather patterns  
L  R  Other: \_\_\_\_\_

**9. What relieves your foot/ankle pain?**

- L  R  Nothing  
L  R  Heat  
L  R  Ice  
L  R  Modification of activity  
L  R  Rest  
L  R  Walking assist device  
L  R  Ankle brace  
L  R  Exercise  
L  R  Standing  
L  R  Walking  
L  R  Topical medication  
L  R  Oral medication  
L  R  Other: \_\_\_\_\_

**10. What are the associated features of your foot/ankle pain?**

- L  R  Keeps me from sleeping at night
- L  R  Frequently awakes me from sleep
- L  R  Stiffness
- L  R  Swelling
- L  R  Catching
- L  R  Locking
- L  R  Giving away
- L  R  It causes me to fall
- L  R  Limping
- L  R  Grinding
- L  R  Decreased range of motion
- L  R  Difficulty doing housework
- L  R  Difficulty with sports activities
- L  R  Difficulty walking a distance
- L  R  Other: \_\_\_\_\_

**11. About how far can you walk at one time?**

- \_\_\_\_\_ Greater than 6 Blocks
- \_\_\_\_\_ 4-6 Blocks
- \_\_\_\_\_ 1-3 Blocks
- \_\_\_\_\_ Able to walk less than 1 block
- \_\_\_\_\_ Unable to Walk

**12. Difficulty on walking surfaces (circle one)**

1. No difficulty walking on any surface
2. Some difficulty with uneven surfaces, stairs, ladders or inclines
3. Severe difficulty with uneven surfaces, stairs, ladders or inclines

**13. Functional Limitations (circle one)**

1. No limitations or support devices needed
2. Limited recreational activities, no cane required
3. Limited daily and recreational activities, cane required
4. Severe limitation of daily and recreational activities requiring walker, crutches, wheelchair, brace

**14. What initially brought on your foot/ankle pain?**

- L  R  Not sure
- L  R  Trauma
- L  R  Other: \_\_\_\_\_

**15. Have you had physical therapy for your foot/ankle?**

- Yes  (if yes, when?)      No
- L \_\_\_\_\_
- R \_\_\_\_\_

**16. What previous diagnostic tests have you had on your foot/ankle?**

- L  R  None
- L  R  Plain radiographs
- L  R  MRI
- L  R  CT
- L  R  Ultrasound
- L  R  Other: \_\_\_\_\_

**17. Have you had any previous surgeries on your foot/ankle?**

- Yes       No
- (If yes, list the surgeries for each and when they were done)
- L \_\_\_\_\_
- R \_\_\_\_\_

**18. Which assistive device do you use?**

- None
- Cane
- Crutch(es)
- Walker
- Wheelchair
- Other: \_\_\_\_\_

**19. What medications have you taken?**

- (mark a P for those used in PAST)  
(mark a C for those used CURRENTLY)
- \_\_\_ None
  - \_\_\_ Tylenol
  - \_\_\_ Aspirin
  - \_\_\_ Ibuprofen/Motrin/Advil
  - \_\_\_ Aleve/Naprosyn/Naproxyn
  - \_\_\_ Mobic/Meloxicam
  - \_\_\_ Celebrex
  - \_\_\_ Other NSAID: \_\_\_\_\_
  - \_\_\_ Ultram/Tramadol/Ultracet
  - \_\_\_ Narcotic: \_\_\_\_\_
  - \_\_\_ Cortisone injection      L  R
  - \_\_\_ Other: \_\_\_\_\_

**20. How would you characterize your foot/ankle problem?**

- L  R  An inconvenience
- L  R  More than an inconvenience
- L  R  Disabling