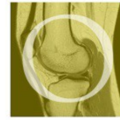


CHRISTINA KABBASH MD PhD MPH
FOOT AND ANKLE PATIENT INTAKE FORM

- If, for some items, the question does not apply, **please write N/A** next to the question.

DURING THE PAST WEEK, HOW SEVERE WAS YOUR FOOT PAIN:

	No pain	Mild	Moderate	Severe
1. Before you get up in the morning?	1	2	3	4
2. When you first stood without shoes?	1	2	3	4
3. When you stood wearing shoes?	1	2	3	4
4. When you walked wearing shoes?	1	2	3	4
5. When you stood wearing custom shoe inserts? . .	1	2	3	4
6. When you walked wearing custom shoe inserts? .	1	2	3	4
7. At the end of a typical day?	1	2	3	4

DURING THE PAST WEEK, HOW SEVERE WAS YOUR FOOT STIFFNESS:

	None	Mild	Moderate	Severe
8. Before you get up in the morning?	1	2	3	4
9. When you stood without shoes?	1	2	3	4
10. When you walked without shoes?	1	2	3	4
11. When you stood wearing shoes?	1	2	3	4
12. When you walked wearing shoes?	1	2	3	4
13. When you walked wearing custom shoe inserts?	1	2	3	4
14. Before you went to sleep at night?	1	2	3	4

<u>DURING THE PAST WEEK</u>, HOW MUCH DIFFICULTY DID YOUR FOOT PROBLEMS CAUSE YOU?

	None	Mild	Moderate	Severe
15. Walking outside on <u>uneven</u> ground?	1	2	3	4
16. Walking four or more blocks?	1	2	3	4
17. Climbing stairs?	1	2	3	4
18. Descending stairs?	1	2	3	4
19. Standing on tip toes?	1	2	3	4
20. When you carried or lifted objects weighing more than five pounds?	1	2	3	4
21. Getting out of a chair?	1	2	3	4
22. Walking fast?	1	2	3	4
23. Running?	1	2	3	4
24. Keeping your balance?	1	2	3	4
25. Walking with assistive devices?	1	2	3	4

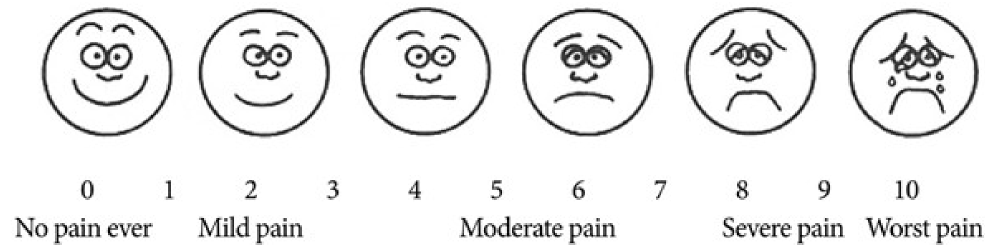
<u>DURING THE PAST WEEK</u>, HOW MUCH OF THE TIME DID YOU:

	None of the time	Some of the time	Most of the time	All of the time
26. Stay indoors most of the day because of foot problems?	1	2	3	4
27. Limit your <u>outdoor</u> activities because of foot problems?	1	2	3	4
28. Limit your leisure/sport activities because of foot problems?	1	2	3	4

<u>DURING THE PAST WEEK</u>, HOW MUCH TIME DID YOU EXPERIENCE:

	None of the time	Some of the time	Most of the time	All of the time
29. Embarrassment due to footwear?	1	2	3	4
30. Feeling awful because of a foot problem?	1	2	3	4
31. Limit social activities due to foot problems?. .	1	2	3	4
32. Difficulty participating in social activities due to footwear?	1	2	3	4
33. Burden of taking medication to control foot pain?	1	2	3	4
34. Concern about limited work around the house?	1	2	3	4

Please circle the number that indicates best your pain situation nowadays:



1. **Please circle the shoe that most closely describes your usual footwear?**

   High heels Flat fashionable shoes Flat comfort shoes Sneakers Steel toe work

2. **Do you have pain with closed toe shoes?** Yes No

3. **Please circle the sport activities you do more often?**
   Running Cycling Swimming Yoga/ Pilates

   Elliptical/treadmill Competitive sports teams

4. **Are you able to do all the activities you want to do?** Yes No

5. **If not, are you limited by foot pain?** Yes No

6. **Please provide any additional information you would like us to know about:**