

# **Foot and Ankle Ability Measure (FAAM) Sports Subscale**

Because of your foot and ankle how much difficulty do you have with:

|  | No<br>Difficulty<br>at all | Slight<br>Difficulty     | Moderate<br>Difficulty   | Extreme<br>Difficulty    | Unable<br>to do          | N/A                      |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Running  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jumping  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Landing  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Starting and<br>stopping quickly                                       | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cutting/lateral<br>Movements   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to perform<br>Activity with your<br>Normal technique           | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to participate<br>In your desired sport<br>As long as you like | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How would you rate your current level of function during your sports related activities from 0 to 100 with 100 being your level of function prior to your foot or ankle problem and 0 being the inability to perform any of your usual daily activities?

\_\_\_\_\_. 0%

Overall, how would you rate your current level of function?

☐ Normal    ☐ Nearly Normal    ☐ Abnormal    ☐ Severely Abnormal

### Foot and Ankle Ability Measure (FAAM) Activities of Daily Living Subscale

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 "Not Applicable" (N/A).

[illegible]

**Foot and Ankle Ability Measure (FAAM)**  
**Activities of Daily Living Subscale**  
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Because of your foot and ankle how much difficulty do you have with:

|   | No<br>Difficulty<br>at all | Slight<br>Difficulty     | Moderate<br>Difficulty   | Extreme<br>Difficulty    | Unable<br>to do          | N/A                      |
|---|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Home responsibilities                               | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Activities of daily living                          | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal care                                       | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Light to moderate work<br>(standing, walking)       | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heavy work<br>(push/pulling,<br>climbing, carrying) | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreational activities                             | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How would you rate your current level of function during you usual activities of daily living from 0 to 100 with 100 being your level of function prior to your foot or ankle problem and 0 being the inability to perform any of your usual daily activities.

\_\_\_\_\_.0 %