

Foot and Ankle Questionnaire

Name: _____ Date: _____

Area of problem: Right Left
 Ankle Foot Toe Arch Heel Achilles
 Bunion Hammer toe Other _____

Type of problem: Pain Swelling Instability Stiffness
 Deformity Numbness Other _____

Please mark the area:



Quality: sharp dull aching burning cramping
 other _____

When did the problem start? _____

How did the problem start? _____

Timing: constant intermittent daily occasional

How severe is the problem? Minimal pain 1 2 3 4 5 6 7 8 9 10 Severe pain

Overall, this is getting: better worse staying the same

What makes it worse? _____

What makes it better? _____

What treatments have you tried?

none rest ice heat physical therapy
 brace orthotics cast injections acupuncture
 medication _____ surgery: _____