

PATIENT NAME: \_\_\_\_\_

MR #: \_\_\_\_\_

DATE: \_\_\_\_\_

### **FOOT AND ANKLE DISABILITY INDEX**

	No difficulty at all	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Standing	0	1	2	3	4	
Walking on even ground	0	1	2	3	4	
Walking on even ground without shoes	0	1	2	3	4	
Walking up hills	0	1	2	3	4	
Walking down hills	0	1	2	3	4	
Going up stairs	0	1	2	3	4	
Going down stairs	0	1	2	3	4	
Walking on uneven ground	0	1	2	3	4	
Stepping up and down curbs	0	1	2	3	4	
Squatting	0	1	2	3	4	
Sleeping	0	1	2	3	4	
Coming up on your toes	0	1	2	3	4	
Walking initially	0	1	2	3	4	
Walking 5 minutes or less	0	1	2	3	4	
Walking approximately 10 minutes	0	1	2	3	4	
Walking 15 minutes or greater	0	1	2	3	4	
Home responsibilities	0	1	2	3	4	
Activities of daily living	0	1	2	3	4	
Personal care	0	1	2	3	4	
Light to moderate work (standing, walking)	0	1	2	3	4	
Heavy work (push/pulling, climbing, carrying)	0	1	2	3	4	
Recreational activities	0	1	2	3	4	

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	No pain	Mild	Moderate	Severe	Unbearable
General level of pain	0	1	2	3	4
Pain at rest	0	1	2	3	4
Pain during your normal activities	0	1	2	3	4
Pain first thing in the morning	0	1	2	3	4

( NOTE: A FADI score may not be calculated if there are greater than 3 missing items.)

**PATIENT'S FADI SCORE**

**IMPAIRMENT**

\_\_\_\_\_  
Therapist Name

\_\_\_\_\_  
Therapist Signature