

Foot and Ankle Ability Measure (FAAM)

Please answer **every question** with the **one response** that most closely describes your condition within the past week. If the activity question is limited by something other than your foot or ankle mark N/A (not applicable).

- | | No
Difficulty | Slight
Difficulty | Moderate
Difficulty | Extreme
Difficult | Unable
to do | N/A |
|--|------------------|----------------------|------------------------|----------------------|-----------------|-----|
| 1. Standing | | | | | | |
| 2. Walking on even ground | | | | | | |
| 3. Walking on even ground
without shoes | | | | | | |
| 4. Walking up hills | | | | | | |
| 5. Walking Down Hills | | | | | | |
| 6. Going up stairs | | | | | | |
| 7. Going down stairs | | | | | | |
| 8. Walking on uneven ground | | | | | | |
| 9. Stepping up and down curbs | | | | | | |
| 10. Squatting | | | | | | |
| 11. Coming up on your toes | | | | | | |
| 12. Walking initially | | | | | | |
| 13. Walking 5 minutes or less | | | | | | |
| 14. Walking approximately 10 minutes | | | | | | |
| 15. Walking 15 minutes or greater | | | | | | |

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

16. Home responsibilities
17. Activities of daily living
18. Personal care
19. Light to moderate work
(Standing or walking)
20. Heavy work (pushing/pulling,
Climbing, carrying)
21. Recreational activities

How would you rate your current level of function during your 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? _____ %

Name (Please Print) _____

Date ___/___/___