

SAFAS

Northumbria Foot & Ankle Unit Patient Reported Outcomes

Symptoms.

Please answer these questions thinking of the symptoms you have had during the last week due to your foot/ankle

1.To what extent has your foot/ankle been swollen?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

2.To what extent has your foot/ankle been swollen after low impact activity?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

3.To what extent has your foot/ankle been swollen after heavy activity?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

4.To what extent have you felt grinding, heard clicking or any other type of noise when your foot/ankle moved?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

5.To what extent have you had difficulty pointing your toes towards the ground fully?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

6.To what extent have you had difficulty moving your ankle from side to side fully?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

7.To what extent have you experienced ankle stiffness after first wakening in the morning??

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

8.To what extent have you experienced ankle stiffness after sitting, lying or resting later in the day?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

9.To what extent have you experienced ankle stiffness after activity?

- ☐ None

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

Pain

Please answer following questions thinking of the amount of pain you have experienced in your foot/ankle during the last week during following activities:

1.To what extent have you experienced pain in the joint?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

2.At rest (sitting)

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

3.During full weight bearing

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

4.During low impact activity

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

5.After low impact activity

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

6.During heavy activity

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

7.After heavy activity

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

8.Twisting/pivoting on your ankle

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

9.Pointing your toes to the ground fully

- ☐ None
- ☐ Mild
- ☐ Moderate

- ☐ Severe
☐ Extreme

10.Bending your ankle fully

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Extreme

11.At night while in bed)

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Extreme

12.Going upstairs

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Extreme

13.Going downstairs

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Extreme

Daily living

These questions concern ability to perform your daily activities. By this we mean your ability to move around and look after yourself. Please answer following questions how much difficulty you have experienced in the last week due to your foot/ankle.

1.Rising from sitting

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Extreme

2.Ascending stairs

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Extreme

3.Descending stairs

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Extreme

4.Putting on socks/stockings

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Extreme

5.Getting in/out of bath

- ☐ None
☐ Mild
☐ Moderate
☐ Severe

☐ Extreme

6. Getting on/off toilet

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Extreme

7. Bending to floor/pick up an object

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Extreme

8. Driving a car

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Extreme

If you participate in sports

These questions concern your physical function during sporting activities. Please answer following questions thinking of what degree of difficulty you have experienced last week due to your foot/ankle.

1. Squatting without extra weight

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Unable

2. Squatting with extra weight

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Unable

3. Squatting on one leg (the injured ankle)

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Unable

4. Jogging

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Unable

5. Running

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Unable

6. Sudden cutting/lateral movements

- ☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Unable

7.Starting quickly

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Unable

8.Stopping quickly

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Unable

9.Jumping

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Unable

10.Landing

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Unable

11.Performing activity with your normal technique

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Unable

12.Participating activity as long as you would like

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Unable

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