**Symptoms.**

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

**To what extent has your foot/ankle been swollen?**

Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

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

Never Rarely Sometimes Often Always

**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

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

None Mild Moderate Severe Extreme

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

None Mild Moderate Severe Extreme

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

None Mild Moderate Severe Extreme

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

None Mild Moderate Severe Extreme

**To what extent have you experienced ankle stiffness after activity?**

None Mild Moderate Severe Extreme

**Pain**

**To what extent have you experienced pain in the joint?**

Never Rarely Sometimes Often Always

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

**At rest (sitting)**

None Mild Moderate Severe Extreme

**During full weight bearing**

None Mild Moderate Severe Extreme

**During low impact activity**

None Mild Moderate Severe Extreme

**After low impact activity**

None Mild Moderate Severe Extreme

**During heavy activity**

None Mild Moderate Severe Extreme

**After heavy activity**

None Mild Moderate Severe Extreme

**Twisting/pivoting on your ankle**

None Mild Moderate Severe Extreme

**Pointing your toes to the ground fully**

None Mild Moderate Severe Extreme

**Bending your ankle fully**

None Mild Moderate Severe Extreme

**At night while in bed**

None Mild Moderate Severe Extreme

**Going upstairs**

None Mild Moderate Severe Extreme

**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 thinking of how much difficulty you have experienced *in the last week* due to your foot/ankle.**

**Rising from sitting**

None Mild Moderate Severe Extreme

**Ascending stairs**

None Mild Moderate Severe Extreme

**Descending stairs**

None Mild Moderate Severe Extreme

**Putting on socks/stockings**

None Mild Moderate Severe Extreme

**Getting in/out of bath**

None Mild Moderate Severe Extreme

**Getting on/off toilet**

None Mild Moderate Severe Extreme

**Bending to floor/pick up an object**

None Mild Moderate Severe Extreme

**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 *during the last week* due to your foot/ankle.**

**Squatting without extra weight**

None Mild Moderate Extreme Unable

**Squatting with extra weight**

None Mild Moderate Extreme Unable

**Squatting on one leg (the injured ankle)**

None Mild Moderate Extreme Unable

**Jogging**

None Mild Moderate Extreme Unable

**Running**

None Mild Moderate Extreme Unable

**Sudden cutting/lateral movements**

None Mild Moderate Extreme Unable

**Starting quickly**

None Mild Moderate Extreme Unable

**Stopping quickly**

None Mild Moderate Extreme Unable

**Jumping**

None Mild Moderate Extreme Unable

**Landing**

None Mild Moderate Extreme Unable

**Performing activity with your normal technique**

None Mild Moderate Extreme Unable

**Participating activity as long as you would like**

None Mild Moderate Extreme Unable