

Foot and Ankle Ability Measure (FAAM)
Activities of Daily Living Subscale

Please Answer **every question** with **one response** that most closely describes your condition within the past week.
If the activity in question is limited by something other than your foot or ankle mark “Not Applicable” (N/A).

	No Difficulty at all (4)	Slight Difficulty (3)	Moderate Difficulty (2)	Extreme Difficulty (1)	Unable to do (0)	N/A (0)
Standing						
Walking on even Ground						
Walking on even ground without shoes						
Walking up hills						
Walking down hills						
Going up stairs						
Going down stairs						
Walking on uneven ground						
Stepping up and down curbs						
Squatting						
Coming up on your toes						
Walking initially						
Walking 5 minutes or less						
Walking approximately 10 minutes						
Walking 15 minutes or greater						
Column Total	_____	_____	_____	_____	_____	_____

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

	No Difficulty at all (4)	Slight Difficulty (3)	Moderate Difficulty (2)	Extreme Difficulty (1)	Unable to do (0)	N/A (0)
Home responsibilities						
Activities of daily living						
Personal care						
Light to moderate work (standing, walking)						
Heavy work (push/pulling, climbing, carrying)						
Recreational activities						
Column Total	_____	_____	_____	_____	_____	_____

Page 2 Total _____

How would you rate your current level of function during you 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.

___ . 0 %

**Foot and Ankle Ability Measure (FAAM)
Sports Subscale**

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

	No Difficulty at all (4)	Slight Difficulty (3)	Moderate Difficulty (2)	Extreme Difficulty (1)	Unable to do (0)	N/A (0)
Running						
Jumping						
Landing						
Starting and stopping quickly						
Cutting/lateral Movements						
Ability to perform Activity with your Normal technique						
Ability to participate In your desired sport As long as you like						
Column Total	_____	_____	_____	_____	_____	_____

Page 3 Total _____

TOTAL SCORE _____/112= _____% **physical function**

How would you rate your current level of function during your sports related activities 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?

_____ . 0%

Overall, how would you rate your current level of function?

Normal Nearly Normal Abnormal Severely Abnormal