

## The Foot and Ankle Disability Index (FADI) Score and Sports Module

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer every question with one response that most closely describes your condition within the past week by marking the appropriate number in the box. If the activity in question is limited by something other than your foot or ankle, mark N/A.

- |                      |                       |                 |
|----------------------|-----------------------|-----------------|
| 0 Unable to do       | 2 Moderate difficulty | 4 No difficulty |
| 1 Extreme difficulty | 3 Slight difficulty   |                 |

Standing	Walking up hills
Walking on even ground	Walking down hills
Walking on even ground without shoes	Going up stairs
Walking on uneven ground	Going down stairs
Stepping up and down curves	Squatting
Sleeping	Coming up to your toes
Walking initially	Walking 5 minutes or less
Walking approximately 10 minutes	Walking 15 minutes or greater
Home responsibilities	Activities of Daily Living
Personal Care	Light to moderate work (standing, walking)
Heavy work (push/pulling, climbing, carrying)	Recreational activities

**Sports Module:**

Running	Jumping
Landing	Squatting and stopping quickly
Cutting, lateral movements	Low-impact activities
Ability to perform activity with your normal technique	Ability to participate in your desired sports as long as you would like

**Pain related to the foot and ankle:**

- |               |                 |           |
|---------------|-----------------|-----------|
| 0 Unbearable  | 2 Moderate Pain | 4 No Pain |
| 1 Severe Pain | 3 Mild Pain     |           |

General level of pain	Pain at rest
Pain during your normal activity	Pain first thing in the morning

<b>Office Use Only:</b> Score: ____/136 points (FADI 104 points & SPORTS 32 points; No Disability 136)		
Number of PT Sessions: ____	Gender: M F	Age: ____
ICD-9 Code: _____	PT Initials: _____	