

## 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<br>Difficulty | Slight<br>Difficulty | Moderate<br>Difficulty | Extreme<br>Difficulty | Unable<br>to do | N/A |
|--|------------------|----------------------|------------------------|-----------------------|-----------------|-----|
| 1. Standing                                |                  |                      |                        |                       |                 |     |
| 2. Walking on even ground                  |                  |                      |                        |                       |                 |     |
| 3. Walking on even ground<br>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 \_\_\_/\_\_\_/\_\_\_

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