

Foot & Ankle Ability Measure (FAAM)

Name: _____ Date: _____

Please answer **every question** by circling **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, check N/A (Not Applicable)

Activity:	No Difficulty	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable To Do	N/A
Standing	4	3	2	1	0	<input type="checkbox"/>
Walking on even ground	4	3	2	1	0	<input type="checkbox"/>
Walking on even ground without shoes	4	3	2	1	0	<input type="checkbox"/>
Walking up hills	4	3	2	1	0	<input type="checkbox"/>
Walking down hills	4	3	2	1	0	<input type="checkbox"/>
Going up stairs	4	3	2	1	0	<input type="checkbox"/>
Going down stairs	4	3	2	1	0	<input type="checkbox"/>
Walking on uneven ground	4	3	2	1	0	<input type="checkbox"/>
Stepping up and down curbs	4	3	2	1	0	<input type="checkbox"/>
Squatting	4	3	2	1	0	<input type="checkbox"/>
Coming up on your toes	4	3	2	1	0	<input type="checkbox"/>
Walking initially	4	3	2	1	0	<input type="checkbox"/>
Walking 5 minutes or less	4	3	2	1	0	<input type="checkbox"/>
Walking approximately 10 minutes	4	3	2	1	0	<input type="checkbox"/>
Walking 15 minutes or greater	4	3	2	1	0	<input type="checkbox"/>
Because of your foot and ankle, how much difficulty do you have with:						
Home responsibilities	4	3	2	1	0	<input type="checkbox"/>
Activities of Daily living	4	3	2	1	0	<input type="checkbox"/>
Personal care	4	3	2	1	0	<input type="checkbox"/>
Light to moderate work (standing, walking)	4	3	2	1	0	<input type="checkbox"/>
Heavy work (pushing/pulling, climbing, carrying)	4	3	2	1	0	<input type="checkbox"/>
Recreational activities	4	3	2	1	0	<input type="checkbox"/>
Column Totals:						
	SCORE _____ / 84					

Foot & Ankle Ability Measure (FAAM) Sports Subscale

Because of your foot and ankle, how much difficulty do you have with:	No Difficulty	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable To Do	N/A
Running	4	3	2	1	0	<input type="checkbox"/>
Jumping	4	3	2	1	0	<input type="checkbox"/>
Starting and stopping quickly	4	3	2	1	0	<input type="checkbox"/>
Cutting/lateral movements	4	3	2	1	0	<input type="checkbox"/>
Ability to perform activity with your normal technique	4	3	2	1	0	<input type="checkbox"/>
Ability to participate in your desired sport as long as you like	4	3	2	1	0	<input type="checkbox"/>
Column Totals:						
						SCORE _____ / 24

Source: Martin R, Irrang J, Conti S, vanSwearingen J. Evidence of validity for the foot and ankle Ability Measure. Foot Ankle Intern 2005; 26(11):968-983.

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 and ankle problem and 0 being the inability to perform any of your usual daily activities?

%

How would you rate your current level of function during your usual **sports related activities** from 0 to 100 with 100 being your level of function prior to your foot and ankle problem and 0 being the inability to perform any of your usual daily activities?

%