

Name: _____ Date: _____

Foot and Ankle Ability Measure (FAAM)

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

	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Standing	4	3	2	1	0	
Walking on even ground	4	3	2	1	0	
Walking on even ground without shoes	4	3	2	1	0	
Walking up hills	4	3	2	1	0	
Walking down hills	4	3	2	1	0	
Going up stairs	4	3	2	1	0	
Going down stairs	4	3	2	1	0	
Walking on uneven ground	4	3	2	1	0	
Stepping up and down curbs	4	3	2	1	0	
Squatting	4	3	2	1	0	
Coming up on your toes	4	3	2	1	0	
Walking initially	4	3	2	1	0	
Walking 5 minutes or less	4	3	2	1	0	
Walking approx. 10 minutes	4	3	2	1	0	
Walking 15 minutes or greater	4	3	2	1	0	
Home responsibilities	4	3	2	1	0	
Activities of daily living	4	3	2	1	0	
Personal care	4	3	2	1	0	
Light to moderate work (standing, walking)	4	3	2	1	0	
Heavy work (push/pulling, climbing, carrying)	4	3	2	1	0	
Recreational activities	4	3	2	1	0	

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? _____ %

For patient use only. Reprinted with written permission from RobRoy Martin PhD, PT, CSCS.

For the PT: to score, add up all the numbers and divide by the highest number possible (if all questions are answered without any N/A's, the highest number is 84).

Name: _____ Date: _____

**Foot and Ankle Ability Measure (FAAM)
SPORTS SUBSCALE**

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

	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty	Unable to do	N/A
Running	4	3	2	1	0	
Jumping	4	3	2	1	0	
Landing	4	3	2	1	0	
Standing and stopping quickly	4	3	2	1	0	
Cutting/lateral movements	4	3	2	1	0	
Ability to perform Activity with your Normal technique	4	3	2	1	0	
Ability to participate in your desired sport as long as you like.	4	3	2	1	0	
	4	3	2	1	0	

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? _____ %

For patient use only. Reprinted with written permission from RobRoy Martin PhD, PT, CSCS.

For the PT: to score, add up all the numbers and divide by the highest number possible (if all questions are answered without any N/A's, the highest number is 84).