OSLO SPORTS TRAUMA RESEARCH CENTER
ANKLE INJURY SCREENING QUESTIONNAIRE

1A - Information on previous ankle injuries

LEFT ANKLE

Number of previous acute ankle injuries (sprains):
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ >5

If you answered "0" above, skip the next 3 questions regarding the left ankle and continue at the next section, 1B.

Time since most recent injury:
☐ 0-6 months ☐ 6-12 months ☐ 1-2 y ☐ >2 y

For how long were you unable to fully play/train?
☐ 1-3 days ☐ 4-7 days ☐ 1-4 weeks ☐ >4 weeks

Do you usually use any form of ankle protection?
☐ No ☐ Tape
☐ Orthosis/brace
  If tape: ☐ Always ☐ Sometimes
  If orthosis: ☐ Always ☐ Sometimes

RIGHT ANKLE

Number of previous acute ankle injuries (sprains):
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ >5

If you answered "0" above, skip the next 3 questions regarding the right ankle and continue at the next section, 1B.

Time since most recent injury:
☐ 0-6 months ☐ 6-12 months ☐ 1-2 y ☐ >2 y

For how long were you unable to fully play/train?
☐ 1-3 days ☐ 4-7 days ☐ 1-4 weeks ☐ >4 weeks

Do you usually use any form of ankle protection?
☐ No ☐ Tape
☐ Orthosis/brace
  If tape: ☐ Always ☐ Sometimes
  If orthosis: ☐ Always ☐ Sometimes
FAOS form (1) for both left and right ankle.
**FAOS FOOT & ANKLE SURVEY**

**Todays date:** _____/_____/______  **Date of birth:** _____/_____/______  
**Name:** ____________________________________________________

**INSTRUCTIONS:** This survey asks for your view about your foot/ankle. This information will help us keep track of how you feel about your foot/ankle and how well you are able to do your usual activities. Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

**Symptoms**  
These questions should be answered thinking of your foot/ankle symptoms during the **last week**.

S1. **Do you have swelling in your foot/ankle?**
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always

S2. **Do you feel grinding, hear clicking or any other type of noise when your foot/ankle moves?**
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always

S3. **Does your foot/ankle catch or hang up when moving?**
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always

S4. **Can you straighten your foot/ankle fully?**
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

S5. **Can you bend your foot/ankle fully?**
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

**Stiffness**  
The following questions concern the amount of joint stiffness you have experienced during the **last week** in your foot/ankle. Stiffness is a sensation of restriction or slowness in the ease with which you move your joints.

S6. **How severe is your foot/ankle stiffness after first wakening in the morning?**
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme

S7. **How severe is your foot/ankle stiffness after sitting, lying or resting **later in the day**?**
   - None
   - Mild
   - Moderate
   - Severe
   - Extreme
Foot and Ankle Outcome Score (FAOS), English version LK1.0

**Pain**

P1. How often do you experience foot/ankle pain?

- Never
- Monthly
- Weekly
- Daily
- Always

What amount of foot/ankle pain have you experienced the **last week** during the following activities?

P2. Twisting/pivoting on your foot/ankle

- None
- Mild
- Moderate
- Severe
- Extreme

P3. Straightening foot/ankle fully

- None
- Mild
- Moderate
- Severe
- Extreme

P4. Bending foot/ankle fully

- None
- Mild
- Moderate
- Severe
- Extreme

P5. Walking on flat surface

- None
- Mild
- Moderate
- Severe
- Extreme

P6. Going up or down stairs

- None
- Mild
- Moderate
- Severe
- Extreme

P7. At night while in bed

- None
- Mild
- Moderate
- Severe
- Extreme

P8. Sitting or lying

- None
- Mild
- Moderate
- Severe
- Extreme

P9. Standing upright

- None
- Mild
- Moderate
- Severe
- Extreme

**Function, daily living**

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your foot/ankle.

A1. Descending stairs

- None
- Mild
- Moderate
- Severe
- Extreme

A2. Ascending stairs

- None
- Mild
- Moderate
- Severe
- Extreme
For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your foot/ankle.

- **A3. Rising from sitting**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **A4. Standing**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **A5. Bending to floor/pick up an object**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **A6. Walking on flat surface**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **A7. Getting in/out of car**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **A8. Going shopping**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **A9. Putting on socks/stockings**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **A10. Rising from bed**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **A11. Taking off socks/stockings**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **A12. Lying in bed (turning over, maintaining foot/ankle position)**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **A13. Getting in/out of bath**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **A14. Sitting**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme

- **A15. Getting on/off toilet**
  - None
  - Mild
  - Moderate
  - Severe
  - Extreme
For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your foot/ankle.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)
None    Mild    Moderate    Severe    Extreme

A17. Light domestic duties (cooking, dusting, etc)
None    Mild    Moderate    Severe    Extreme

Function, sports and recreational activities
The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the last week due to your foot/ankle.

SP1. Squatting
None    Mild    Moderate    Severe    Extreme

SP2. Running
None    Mild    Moderate    Severe    Extreme

SP3. Jumping
None    Mild    Moderate    Severe    Extreme

SP4. Twisting/pivoting on your injured foot/ankle
None    Mild    Moderate    Severe    Extreme

SP5. Kneeling
None    Mild    Moderate    Severe    Extreme

Quality of Life

Q1. How often are you aware of your foot/ankle problem?
Never    Monthly    Weekly    Daily    Constantly

Q2. Have you modified your life style to avoid potentially damaging activities to your foot/ankle?
Not at all    Mildly    Moderately    Severely    Totally

Q3. How much are you troubled with lack of confidence in your foot/ankle?
Not at all    Mildly    Moderately    Severely    Extremely

Q4. In general, how much difficulty do you have with your foot/ankle?
None    Mild    Moderate    Severe    Extreme

Thank you very much for completing all the questions in this questionnaire.

Questionnaire and User's Guide can be downloaded from: www.koos.nu
Instructions:
Assign the following scores to the boxes!

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Missing data. If a mark is placed outside a box, the closest box is chosen. If two boxes are marked, that which indicated the more severe problems is chosen. Missing data are treated as such; one or two missing values are substituted with the average value for that subscale. If more than two items are omitted, the response is considered invalid and no subscale score is calculated.

Sum up the total score of each subscale and divide by the possible maximum score for the scale. Traditionally in orthopedics, 100 indicates no problems and 0 indicates extreme problems. The normalized score is transformed to meet this standard. Please use the formulas provided for each subscale!

1. PAIN
   \[
   100 - \frac{\text{Total score P1-P9 x 100}}{36} = 100 - \frac{36}{36} = ______
   \]

2. SYMPTOMS
   \[
   100 - \frac{\text{Total score S1-S7 x 100}}{28} = 100 - \frac{28}{28} = ______
   \]

3. ADL
   \[
   100 - \frac{\text{Total score A1-A17 x 100}}{68} = 100 - \frac{68}{68} = ______
   \]

4. SPORT&REC
   \[
   100 - \frac{\text{Total score SP1-SP5 x 100}}{20} = 100 - \frac{20}{20} = ______
   \]

5. QOL
   \[
   100 - \frac{\text{Total score Q1-Q4 x 100}}{16} = 100 - \frac{16}{16} = ______
   \]