

For office use only		
Name	DOB	Account

Foot and Ankle Ability Measure (FAAM)

Activities of Daily Living Subscale

Answer **every question** with **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 mark "Not Applicable" (N/A)

	No Difficulty	Slight Difficulty	Moderate Difficulty	Extreme Difficulty	Unable to do	N/A
Standing						
Walking on even ground						
Walking on even ground without shoes						
Walking up hills						
Walking down hills						
Going up stairs						
Going down stairs						
Walking on uneven ground						
Stepping up and down curbs						
Squatting						
Coming up on your toes						
Walking initially						
Walking 5 min or less						
Walking approximately 10 min						
Walking 15 min or greater						
Home responsibilities						
Activities of daily living						
Personal care						
Light to moderate work (standing, walking)						
Heavy work (push/pulling, climbing, carrying)						
Recreational activities						
Running						
Jumping						
Landing						
Starting and stopping quickly						
Cutting/lateral movements						
Ability to perform activity with your normal technique						
Ability to participate in your desired sport as long as you like						