

Name _____ _____	Sex	<input type="checkbox"/> m / <input type="checkbox"/> f	Date VAS	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
	Internal nr.	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Date of birth	Examiner	<input type="text"/> <input type="text"/> <input type="text"/>		
<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Time	<input type="checkbox"/> 1 preoperatively; 2 postoperatively, before implant removal; 3 at the time of implant removal; 4 after implant removal		

### Instructions for filling out the questionnaire

#### Period:

- Describe only the period before the accident or the surgery
- Describe only the period between the accident / surgery and the implant removal (IR)
- Describe only the actual period

(To be marked by the examiner)

On the reverse page is a questionnaire with questions relating to "foot problems" (e.g. pain of foot). For the answer of the questions a scale is available in form of a line. Please mark the appropriate point on the line with a cross, which describes best your personal situation at the above mentioned period. At the very left side of the line is the most negative value, at the very right the most positive. Please use only marks, do not write text!

This is an example for an answer of the question "How are you today?" as shown:

Very bad |-----x-----| Excellent, very well

The answer at the cross on the line means in this example that you feel today "well", however not "very well".

Please answer the questions only negatively when the foot problems are really responsible for your limitation relating to a certain activity. Example: You would answer the question about foot problems when running with „running not possible“ because you do not have the necessary stamina for running. What we mean is that you could run in principle without foot problems or, whether your foot problems - like pain - make running impossible.

**You do not have to answer each question!** Answer only the questions which you would like and which you have understood! Please use the field "additions/characteristics/remarks" for suggestions for improvement and/or criticism.

#### Explanation of some terms:

**Physical rest:** This means that you do not do arduous things, i.e. you are reading a paper, lying on the sofa or in bed, watching television etc.

**Physical stress:** This means that you perform physical activities, i.e. arduous garden work, occupational work, sport etc.

**Housework:** Everyday activities like cleaning windows, ironing, dusting, washing up, cooking etc..

**Activities of daily life:** Personal activities such as getting out of bed, eating, washing yourself, getting dressed, tying your shoes etc.. The answer to this question should not refer to activities which are already mentioned in another place of the questionnaire (e.g. standing, bending forward, stretching etc.)!

#### Additions / characteristics / remarks



	<b>How much do foot problems affect your gait?</b>	
Strong limping	<input type="text"/>	No changes, normal gait
	<b>How often do you have foot pain in physical rest?</b>	
Constantly, always	<input type="text"/>	Never, very rarely
	<b>How intense is this foot pain in physical rest?</b>	
Extreme pain	<input type="text"/>	No pain
	<b>How often do you have foot pain during physical activity?</b>	
Constantly, always	<input type="text"/>	Never, very rarely
	<b>How strong is this foot pain during physical activity?</b>	
Extreme pain	<input type="text"/>	No pain
	<b>Do you have the impression that one leg is weaker than the other?</b>	
The weakness restricts me substantially	<input type="text"/>	Same strength as in the healthy leg
	<b>Do you have callous at the foot / feet ?</b>	
Widespread, painful callus	<input type="text"/>	No callus
	<b>Do you have a limitation of ankle or foot range of motion?</b>	
My foot/ankle joint is constantly rigid	<input type="text"/>	No limitation of range of motion at any time
	<b>Do you have problems when climbing stairs?</b>	
Climbing stairs impossible	<input type="text"/>	Climbing stairs without limitation possible
	<b>How much do foot problems affect your occupation?</b>	
Occupation cannot be practiced any more	<input type="text"/>	No limitation
	<b>How much do foot problems hinder you driving a car (operating clutch, accelerator, brake pedals)?</b>	
Driving a car not possible	<input type="text"/>	Driving a car without limitation possible
	<b>How long can you stand without foot problems?</b>	
Only briefly, and with crutches/stick	<input type="text"/>	For hours, without limitation
	<b>How much do foot problems affect your ability to stand on one leg?</b>	
Standing on one leg impossible	<input type="text"/>	No limitation
	<b>How long can you walk without foot problems?</b>	
Impossible, or briefly with crutches/stick	<input type="text"/>	For hours, without limitation
	<b>Do foot problems stop you from running (e.g jogging / on soft or uneven ground)?</b>	
Even short jogging is impossible	<input type="text"/>	Jogging for extended periods possible
	<b>How much do foot problems affect your daily activities (e.g. getting dressed, eating, washing etc)?</b>	
Impossible on my own, need constant help	<input type="text"/>	No limitation
	<b>How much do foot problems restrict traveling (traveling with trains, busses, aircrafts etc.)?</b>	
Traveling impossible	<input type="text"/>	No limitation
	<b>Do you have problems finding good footwear?</b>	
Can only wear orthopaedic shoes	<input type="text"/>	Can wear any type of shoe
	<b>How much do foot problems restrict walking on uneven ground?</b>	
On uneven ground walking is impossible	<input type="text"/>	No limitations on uneven ground
	<b>How much is your sensation in your foot/feet reduced?</b>	
No sensation	<input type="text"/>	Normal sensation

