

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 approximately 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	