

THE FOOT HEALTH STATUS QUESTIONNAIRE



Thank you for taking the time to fill out this important questionnaire.

The answers you provide will help your podiatrist to understand how to care for your foot problems.

The questionnaire is very simple to complete and there are no right or wrong answers. The questionnaire takes less than 10 minutes to complete.

The Foot Health Status Questionnaire

INSTRUCTIONS

- This questionnaire asks for your views about your foot health.
- All you need to do is circle your answer to each question.
- If you are unsure about how to answer a question, please give the best answer you can.

The following questions are about the foot pain you have had during the past week.

1. What level of foot pain have you had during the past week ?

(circle number)

None.....1

Very Mild..... 2

Mild..... 3

Moderate..... 4

Severe..... 5

(circle a number for each question below)

DURING THE LAST WEEK...

2. How often have you had foot pain ?

1

2

3

4

5

3. How often did your feet ache?

1

2

3

4

5

4. How often did you get sharp pains in your feet ?

1

2

3

4

5

Never

Occasionally

Fairly Many Times

Very Often

Always

These questions are about how much your feet interfere with activities you might do during a typical day.

(circle a number for each question below)

DURING THE LAST WEEK.....

	Not at All	Slightly	Moderately	Quite a bit	Extremely
5. Have your <u>feet</u> caused you to have difficulties in your work or activities ?	1	2	3	4	5
6. Were you limited in the kind of work you could do because of your <u>feet</u> ?	1	2	3	4	5

DURING THE LAST WEEK...

	Not at All	Slightly	Moderately	Quite a bit	Extremely
7. How much does your <u>foot health</u> limit you walking ?	1	2	3	4	5
8. How much does your <u>foot health</u> limit you climbing stairs ?	1	2	3	4	5

9. How would you rate your overall foot health ? (circle number)

Excellent..... 1
 Very Good..... 2
 Good..... 3
 Fair..... 4
 Poor..... 5

Please turn to the next page

The following questions are about the shoes that you wear. Please circle the response which best describes your situation.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
10. It is hard to find shoes that do not hurt my feet.	1	2	3	4	5
11. I have difficulty in finding shoes that fit my feet.	1	2	3	4	5
12. I am limited in the number of shoes I can wear.	1	2	3	4	5

13. In general, what condition would you say your feet are in ?

(circle number)

Excellent..... 1

Very Good..... 2

Good..... 3

Fair..... 4

Poor..... 5

Please write some comments about the current state of your feet:

.....

.....

.....

.....

.....

14. In general, how would you rate your health :

(circle number)

Very Good..... 1
Fair..... 2
Poor..... 3

15. The following questions ask about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

(circle a number on each line)

<u>ACTIVITIES</u>	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
a. Vigorous activities , such as running, lifting heavy objects, or (if you wanted to) your ability to participate in strenuous sports	1	2	3
b. Moderate activities , such as cleaning the house, lifting a chair, playing golf or swimming	1	2	3
c. Lifting or carrying bags of shopping	1	2	3
d. Climbing a steep hill	1	2	3
e. Climbing one flight of stairs	1	2	3
f. Getting up from a sitting position	1	2	3
g. Walking more than a kilometre	1	2	3
h. Walking one hundred meters	1	2	3
i. Showering or dressing yourself	1	2	3

16. This next question asks to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or social groups?

(circle number)

Not at all..... 1
Slightly..... 2
Moderately..... 3
Quite a bit..... 4
Extremely..... 5

Please turn to the next page

17. These questions are about how you “feel” and how things have been with you during the past month. For each question, please give the one answer that comes closest to the way you have been “feeling”. How much of the time during the past 4 weeks:

	All of the time	Most of the Time	Some of the Time	A little of the Time	None of the Time
a. Did you feel tired?	1	2	3	4	5
b. Did you have a lot of energy?	1	2	3	4	5
c. Did you feel worn out?	1	2	3	4	5
d. Did you feel full of life?	1	2	3	4	5

18. During the past 4 weeks, how much of the time has your emotional problems or physical health interfered with your social activities (like visiting with friends, relatives, etc.)?

(circle number)

- No time at all..... 1
- A small amount of time..... 2
- Moderate amount of time..... 3
- Quite a bit of the time..... 4
- All of the time..... 5

19. How TRUE or FALSE is each of the following statements for you?

(circle a number on each line)

	True or Mostly True	Don't Know	False or Mostly False
a. I seem to get sick a little easier than other people	1	2	3
b. I am as healthy as anybody I know	1	2	3
c. I expect my health to get worse	1	2	3
d. My health is excellent	1	2	3

Please complete the following details.

20. Full Name: _____

21. Address: _____ Postcode: _____

22. Date of Birth: _____ Sex: Male ☐ Female ☐

23. What is the date when you filled out this survey? Please write here → _____

24. Do you currently take any medicine prescribed by your doctor for any of the following conditions ;

(please tick the appropriate box/s)

Diabetes ☐ Hormone Replacement Therapy ☐

Osteoarthritis ☐ High Cholesterol ☐

Blood Pressure ☐ Rheumatoid Arthritis ☐

Heart Disease ☐ Back Pain ☐

Lung Disease ☐ Depression ☐

Any other conditions you take
medicine for, please list
1.
2.
3.

For the next questions, please tick either **YES** or **NO**

	Yes	No
25. Are you a pensioner or health care cardholder ?	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you smoke cigarettes ?	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you do any regular physical exercise ?	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you have private health insurance ?	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you completed a trade certificate or any other educational qualification since leaving school ?	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing this
questionnaire**

This questionnaire is designed to be analysed by:
The Foot Health Status Questionnaire
Data Analysis Software © (Version 1.03) and is
supported by Microsoft Windows™ 3.11. 95 and 98.